203217

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

00	g was	13
8	RG. NO.	La
TE OF	DEATH.	

	1 -	STATE REGISTRAR	DEI ANI	CERTIF	ICATE OF	DEATH	8	EG. NO.	2	1 1	4 3
		CEASED NAME FIRST	MIDDLE		AST		20. DATE OF	DEATH MO	ONTH DAY	Y YEAR	26. HOUR A
	(1117	William	J.	A11	en		July	12.	198	5	2:00 M
	3. SEX	(4. RACE	5. DATE C	OF BIRTH	uran	6. AGE (IN YE	EARS LAST BIRTHD		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
		Male	White	May	7.	1913	71		YRS	MINS DATS	HOOKS MIKE
1	7a. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 8	- TET DIEVED	MARRIED -	9. BALTIMOI	RE CITY OR	COUNTY C	F DEATH	
		N.C.	U.S.A.	WIDOWE		NORCED	WICO	MICO			MD.
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INS	NOITUTION		OCCUPATION		12b. KIND O	OF BUSINESS OR
	,	Salisbury	Deer's Head Cer				Pape	er Mi	LI		nd.
	USUA 130. S	TATE 13 COUNTAINS AND A COUNTA	OTHER INSTITUTION, GIVE RESIDENCE BEFORM TO THE COLD T	RE ADMISSION)	13d INSIDE	CITY LIMITS?	13e STREET A	ADDRESS_/_Z	ZIP, CODE		
1		Ma. Ve	CIT ETKT	on	YES T			E. Ma	ain S	st. 21	1921
2	14 FA	THER'S NAME	MIDDLE A 7 7 LAST		15 MOTHER	'S MAIDEN NA/		WIDDLE		. LAS	iT
		FRSWalter	Allen			Pearli		(200		lcMul'i	Len
2	160 M	VAS DECEASED EVER IN U.S. AR			17. INFORM			Hopereso			
-		NO.	(E WAR OR DATES) 243-28	-698	Donn	na Goad	i Elkt	on, N	ld.	21921	'
		18. CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), o	nd (ci.)				/		BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	TE CAUSE (o)	0650	huchin	pulm	any	disa	320	2	
		1	DUE TO, OR AS A CONSEQU			/					
	- 1	Conditions, if ony, which	(b)								
		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF		•					
		underlying couse lost.	(6)	DENGE OF							
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	OR CONDIT	TION GIVEN	V IN PART 1	0.
	NO N										
1	CAT	190 DATE OF OPERATION	1% CONDITION FOR WHICH	H OPERATIO	N WAS PERF	ORMED	200 AUTO			WERE FINDIN	NGS USED S OF DEATH?
4	Ĕ						YES 🗌	NO [X	YES		NO [
3	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D	NAV VEAD	21c. HOW I	NJURY OCCUR	RED (ENTERNA	TURE OF INJURY I	IN ITEM IB PAR	T 1 OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DEA	NIN .	19							
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCAT			CITY OR TOWN	,	COUNTY	STATE
	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	1						
i			wal) ottended the deceased from.		5/3/	19	to	7/12			that (I) e) lost
		sow the deceased alive on	7/12 1) view the body ofter death.	28.0	nd that in (my) (a opinion i	death occurred	d on the date	ond house	and from the	causes stated
		226. SIGNATURE	The body one: death.	1 -	DEGREE					220 DATE	SIGNED
		c X	m l. U	wy		PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIA	NA	17//	12/85
		22d. PHYSICIAN'S NAME TYPE	DIPPRINT)	1	22e ADDRE	SS					
		INJ. J.	HWANG M.D.		Deer	's Head	Cente	r, Sal	isbur	y, Md.	21801
-	23a. B	BURIAL, CREMATION, REMOVAL				CREMATORY	23d. LOCA			COUNTY	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR

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STATE OF MARYLAND

8	REG. NO.	2	1	Î	4	4
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7089		FOR		DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HY	GIENE	
1000	1-	STATE REGISTRAR			CERTIFICATE OF DEATH	8 5 NO. 2	1144
1/		CEASED NAME FIRST		WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	,		ALLIE	ANDERSO	N	7- 19-85	11:15 A
offer	3. SEX	TR'	4 RACE Bl.		S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
5 //					2= 28-204	81 YRS	
2 ho		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH
E COL	10.01	M.D.	U.S.	A.	WIDOWED DIVORCED DIVORCED DIVORCED	WICOMICO COUNTY	126 KIND OF BUSINESS C
ed with			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS]	(TYRE OF WORK FOR MOST OF WORKING LIE	E) INDUSTRY
e File	_	LISBURY AL RESIDENCE HE NURSING HOM		URY NURSI		Retired	
anld b	13o. S	Md.		Salis	N 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE Salisbury N	
1 Car 2	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME	LAST
3/20/		UNK			L illi	e Fooks	
ges l		VAS DECEASED EVER IN U.S.	ARMED FORCES?		RITY NO 9 17 INFORMANT	Pikesvi	Lie Nd.
e E				212-14	-891Ethel Clin	tom 23-c Warr	en Pk. Dr.
at, #		18 CAUSE OF DEATH (Enter					BETWEEN ONS FOR AND DEAT
eve		IMMED	IATE CAUSE (a)	Selle		//	later 1
no fic			DUE TO, O	R AS A CONSEQUE	N48 1 1 600	allesis	cm_
natio		Conditions, if any, which gove rise to immediate	(10)	genera	M Sen auseria	o accord	70
crem ther		couse (a), stating the underlying cause last	DUE TO, d	AS A CONSEQUE	NCE OF		
plea prial,		PART 2 OTHER SIGNIFICAN	T CONDITIONS C	PARTERING TO F	DEATH BUT NOT RELATED TO THE TER	ALINIA DISEASE OR CONDITION OR	(CALIBADE)
ra bi	NO	Diobek	11001	1ten	DOT NOT RECAILED TO THE TEXT	WINAL DISEASE OR CONDITION ON	EN IN PART 110
Drior any	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED
ows ows	TIFIC						YING CAUSES OF DEATH?
Hygi Hygi 18 sh	CER	210 ACCIDENT WAS UNDERLYING		OF INJURY M. MONTH DA	2 LE HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 R	ART I OR RART 2)
iol-1	CAL	OR CONTRIBUTING CAUSE OF	DEATH	M.	19		
d Me	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
h on b on	2	AT WORK NOT WHILE AT WORK			0	7/10	
Use of tealth		220.1 certify that III (this he		deceased from	9-13 1904		19, that (It (we) to
affor of h		above if the (did) (did)		otto deoth.		death accurred on the date and hou	and from the couses stated
Dept H Hen		The Secretary	61.00	10.	DEGREE ATTENDING	MEDICAL STAFF	22c DATESIGNED
N Z det		JANU 80	THEY	1	PHYSICIAN)	DIRECTOR PHYSICIAN	1/19/80
the S	4	THE SICIAN'S MAME IT			22e. ADDRESS		/
should b	-	DR. EARL M. E				RT. 50, SALISBU	RY, MD. 21801
		UTIAL REMATION, REMOV	AL 236 DATE	1 13. N	AME OF CEMETERY OR CREMATORY	23d LOCATION	

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOOKS FUNERAL HOME WEST RO.& BOOTH ST. SALISBURY, MO 21801

ADDRESS

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 1

ALL CONTROL DE LA CONTROL DE L ·Zw Jesufac April to the control H

13103	1	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	1ENE 8 5. NO. 2	1145
	(TYPE	CEASED NAME FIRST SAME		BACON	JULY 2	DAY YEAR 26. HOUR . 5,1984 0915 M
(G)	1.58	M	RACE B	5. DATE OF BIRTH MONTH DAY 1903	6. AGE (IN YEARS LAST BIRTHDAY) 79 YRS.	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1 1 85		RTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY WICOMICO	OF DEATH MD.
180	000	TY OR TOWN OF DEATH Lisbury	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET. Peninsula Genera	G HOME OR OTHER INSTITUTION ADDRESS) AL Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
Alled to	USU.	AL RESIDENCE I NORSHI HONE OUI			130 STREET ADDRESS / ZIP CODE 182 Somers	Cove
1 11/90	14. FA	SAMUEL	A. BACO	n Sprah 1	DENNIS MIDDLE	LAST
2		VAS DECEASED EVER IN U.S. AR	EVAR OR DATES)	SOIS ROTH BE	con-Crisfiela	/ md 21817
physica physica on papers attends		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and (b) BY: TE CAUSE (a) Heavy	Falase, Hus	entolemic	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hat the death ce by the attending operamoner colfu- i, cremation, or n other traumatical	THE STATE OF	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	nal tailare		
requires for the plant of the p	MOIT	PART 2 OTHER SIGNIFICANT	abole abole	cine Corte	aneure son)	ZEN IN PART Tra
The bank of	CERTIFICATION	/		OPERATION WAS PERFORMED	YES NO YE	YING CAUSES OF DEATH?
Action of physical ph	EDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIN .	21c HOW INJURY OCCURE 19	RED (ENTER NATURE OF INJURY IN ITEM TB P	ART I OR PART 2)
offer the offer the or the to h and M	MEDI	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDS or CTOS A STORY OF Health		saw the deceased alive an	ital) attended the deceased fram	2 , and that in (my) (aur) apinian	ta //25 death accurred an the date and hav	1925 that (It (we) last ir and from the causes stated

DHMH - 16 60M 7/84 (VRA 15, 4)

APORTANT #

27d. PHYSICIAN'S NAME

23e BURIAL CREMA

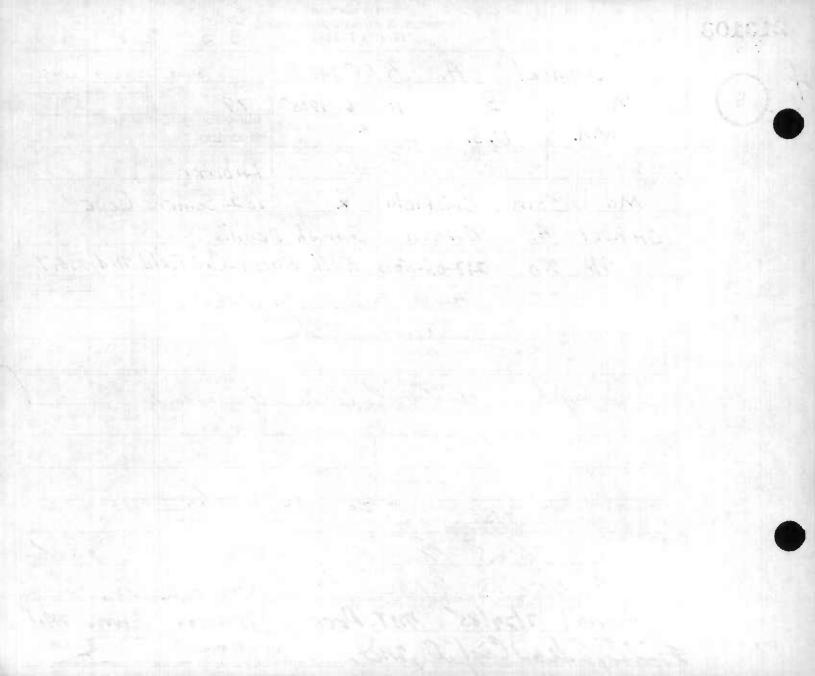
23c NAME OF CEMETERY OR CREMATORY

MEDICAL STAFF
DIRECTOR PHYSICIAN

ATTENDING PHYSICIAN

AT PH

250. DATE REC'D. BY REGISTRAR 2510 REGISTRAR'S SIGNATURE



RDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

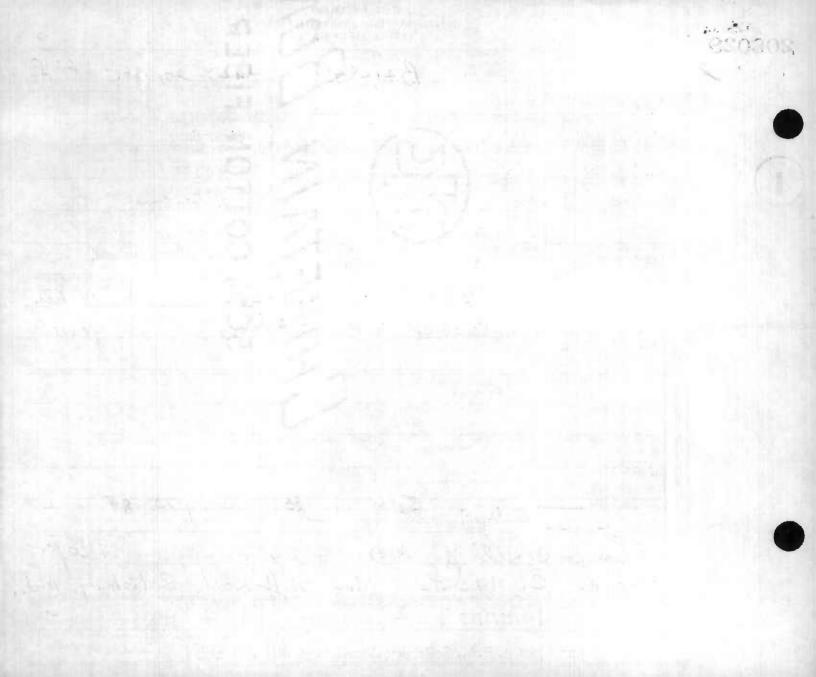
TO HOSPITAL OF

II RECO	he fare	hos bee
OF VILL	CIAN, T physics	of trans
DIVISION OF VITAL RECO	4DRVG PHYSICIAN, The or otherding physicion.	O FUNERAL DIRECTOR, After this centificate has been bould be detached for use on the trunslet transit permit with the Store Dept. of Health and Mantol Hygiette prior.
	ATTENDE spiral or	CTOR A
	TAL OF T	RAL DIRE detached tote Dept
	TO HOSPITAL OF ATTENDING PHYSICIAN. The familiarizated by the hespital or offending physician.	TO FUNERAL DRECTOR, After this certificate has bee should be described for use as the tuniof transit permit with the State Dept. of Health and Mental Hyperte prior

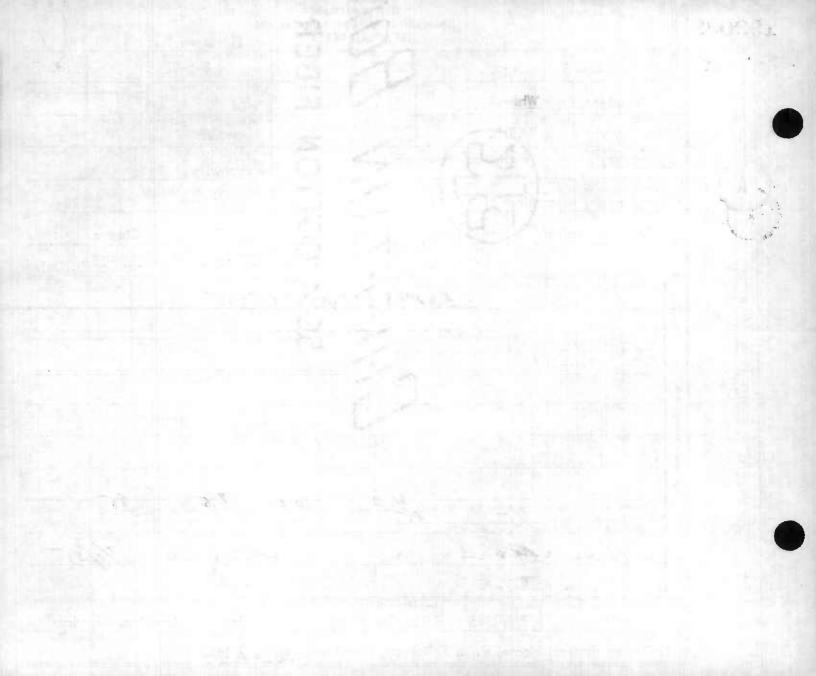
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DHMH - 16 60M 7/84
(VRA 15, 4)

IMPORTANT, If hem 21 is

-	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8 25. N	. 2 1	1	46
		The services	izabe	th	S.	BA	iley LEY	JULY	20, 198	YEAR	2:10 2:10 A M
	1. 5E)		4	RACE		MONTH	DE BIRTH YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UND	DER I YEAR	HOURS MIN.
		emale		White		03	22 1908	77	YRS		
3	0	country) lebron, Maryl		U.S.A	WHAT COUNTRY?	MARRIEI WIDOWE	DE NEVER MARRIED DIVORCED	BALTIMORE CITY C	co	EAIH	MD.
	1	TY OR TOWN OF DEATH Salisbury		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS]	ROTHER INSTITUTION 1 Hospital	174 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	F WORKING LIFET IN	KIND OF	F BUSINESS OR
3	11a S		HOME OR COUNT	TY	GIVE RESIDENCE BEFORE 130 CITY OR TOW Hebron		13d INSIDE CITY LIMITS? YES X NO [305 N. Mai	ZIP CODE		21830
2	9	Willie	ř	ADDIE	Stephens		Jerdie	Truitt		LAST	
1	16a V	VAS DECEASED EVER IN		MED FORCES? WAR OR DATES)	214-10-9		Same as #13	Albert J. Bo e	iley (Hus	band))
9	NOIL	Conditions, if ony, we gove rise to immed couse (o), stoting underlying couse PART 2 OTHER SIGNIFI	MEDIATE hich liote the lost	DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CO	RAS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM			I PART 1(o	
1	CERTIFICATION	90 DATE OF OPERATIO				OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WER IN CERTIFYING YES	CAUSES	
1	MEDICAL CER	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL) 21d INJURY OCCURRED AND ON THE CAUSE AND CONTRIBUTION CAUSE 22a.l certify that (I) (the saw the deceased a obove, (I) heat (did) 27b. SIGNATORE	SE OF DEAT EXAMINER) Laborate of the policy on a column of the policy on a column of the policy of	P., 21e PLACE (1AT HOME STR 1) ottended the view the body	M. MONTH D. M. OF INJURY ELET FACTORY OFFICE F	ARM ETC)	DEGREE ATTENDING PHYSICIAN	city or to	ote and hour and	OUNTY	
		THOM AS	(C. H	ILLUJA	-	Pine Blu	FRood.	Salis	bUR	y. Md
	- 1	BURIAL, CREMATION, REA (SPECIFY) Burial	MOVAL	7/23/	1005		EMETERY OR CREMATORY Cemetery	Hebron	Wicomi	_	Maryland
		uneral director Holloway Fun	eral	Home, I	P.A., Salis	sbury,		E REC'D. BY REGISTRAR L 2 3 1985	25b. REGISTRAR'S	SIGNATI	ure andelle



150039	1	FOR STATE REGISTRAR	DEPAR	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	8 PG. NO		1 1	41
1 11 7		CEASED NAME FIRST LAURA	Twilley	BANK	S S	20 DATE OF DEATH 7-5	-1985	YEAR	9:00 P _M
nge 4 mg carbo p	1.5E	Female	White			6 AGE (IN YEARS LAST BIRTI	YRS	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
4 4 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Al	RTHPLACE (STATE OR FOREIGN len, Maryland	U.S.A.	WIDOWE		9 BALTIMORE CITY OF WICOMIC	0		MD.
190	S	ITY OR TOWN OF DEATH ALISBURY	11. NAME OF HOSPITAL, NURS SATITSBURY ON UT	PSING H		120 USUAL OCCUPATION OF WORK FOR MOST OF Housewife		17b. KIND OF INDUSTRY	BUSINESS OR
100	13a. 3	STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEF NTY 13c. CHTY OR TO Comico Aller	NWC	13d, INSIDE CITY LIMITS? YES NO NO NAME NAME NAME NAME NAME NAME NAME NAME	136.STREET ADDRESS /	ZIP CODE	21	810
Collected with		Elisha Parke			Ida FIRST	Bell	S	imms	
on ond co	160 \	VAS DECEASED EVER IN U.S. AF YES, NOOR UNKNOWN) (IF YES, GI	RMED FORCES? NE WAR OR DATES) 214-74		622 Spring L	lancy J. Bankake Drive	s (Dau Bethan)	ighter) y Beac	19930 th, Del.
physicia npopers moval.		PART I. DEATH WAS CAUSI	inly one couse per line for (o), (b), ED BY: (TE CAUSE (o)	ondice	Tony Are	REST		BETWEEN	MATE INTERVAL MSET AND DEATH
quires that the d signed by the o Then please remo to burial, cremat njury, or ather tra	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO	DUENCE OF	NOT RELATED TO THE TERMI	nal disease or cond	IITION GIVEN	IN PART 110	
he low re on. hos been if permit. iene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	280 AUTOPSY? YES NO	20b. IF YES, WI IN CERTIFYING YES	G C AUSES	
SICIAN: 1 ag physic certificate cental Hyg tem 18 sf		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) P.M.	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER MATURE OF INJUR	IN ITEM 18 PART I	OR PART 2)	
ottendii fter this os the bu th ond M orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
ATTENDI Spitol or CTOR: A 3 for use i of Heal		sow the deceased alive or above, (1) (we) (did) (did no	nitol) attended the deceased from 19 ot) view the body after death	85 E. or	d that in (my) (our) opinion d	eoth occurred on the do	19_ te and hour on	d from the c	
TAL OR Part of the her her her her her her bilder of the beautiful the b		22b. SIGNATURE	A Koh un			MEDICAL STAF	: AN []	72c. DATE S	1GNED
retoined to TO FUNE should be with the S		WILLIAM H. F	ROBINS, MD		SALISBURY,				
BP		Burial Burial		llen Ce			Vicomic		
OHMH - 16 60M 7/84 (VRA 15, 4)		JNERAL DIRECTOR Holloway Funera	I Home, P.A., Sa	lisbury,	Maryland Maryland	REC'D. BY REGISTRAR 2	5b. REGISTRAR	2 2 CHA	Melabla



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STATE OF MARYLAND

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8	RG. NO.	2		64	(
	1110				

	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	8 :	RG. NO.	2 1 1	4	8
8	TYPE	CEASED NAME OR PRINT) Marg	rirst garet	Rogers	MIDDLE	64	ornes NNES	Jacy	4.19	FST YEAR	26 HOUR	JA-
	3 SE)	Female		White		S. DATE C		6 AGE (IN YEARS	YRS			MIN.
3	Do	RTHPLACE (STATE OR FO COUNTRY) Wharf, ITY OR TOWN OF DEA	Virgin	ia U.	S.A.	WIDOWE		Wicon				MD.
2	5	Salisbury AL RESIDENCE (IF NORSI		Peni	nsula Ge	enera	al Hospital	TYPE OF WORK FOR	Clerk	GLIFE) INDUSTR	of BUSINES tment	
5	13a S	TATE CATHER'S NAME	Wicor	Y	Salisbur	y Y	13d INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN NA		aney Av		21801	
1		Arthur	Р	eter .	Martin		Susan	M	IDDLE		Vest	
1	16a V	VAS DECEASED EVER I VES NO OR UNKNOWN) NO		WAR OR DATES)	218-20-5		Same as #1	mas W. I 3e	Barnes (
	Z	Conditions, if any, gave rise to imm cause (a), stoting underlying cause	which nediote g the last	DUE TO, O (c)	R AS A CONSEQUE R AS A CONSEQUE	NCE OF I	Lead Jeul entteleotis	TAILI my x , cut	Anylor. ANA	12 mj 12 GH/A N	MANATE INTERV. NONSELAND DI YM MAY 100	· ·
2	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	20b. IF	YES, WERE FIND RTIFYING CAUSI YES []	INGS USED S OF DEATH	1?
3	MEDICAL CER	216, ACCIDENT WAS UNDO OR CONTRIBUTING CO LIFETTHER, NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MATERIAL AT WORK 2014 Saw the decase	AUSE OF DEATH	P. 21e PLACE (AT HOME STE	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FI deceased from 198	19 ARM ETC)	211 LOCATION STREET 19 8 5 Id that in (my) (our) apinion	RED (ENTER NATURE	OF INJURY IN ITEM	COUNTY	sta , that (1) (we	e) lost
		above, (1) (we) (d 27b. SIGNATURE LAA. 22d. PHYSICIAN'S NA MAHAB	abri	PRINTY	other death. Thay ARNA,	, /	ATTENDING PHYSICIAN X	_ MEDICAL	STAFF PHYSICIAN []	22c. DA1	ESIGNED 4/8 SPSURY	5
		BURIAL, CREMATION, F ISPECIFY) Buri		23b DATE 7/7/			EMETERY OR CREMATORY Haven Cemete	- 1	Haven,	Accoma		ginia
		Holloway F	uneral	Home,	P.A., Sali	isbury	, Maryland JU	E REC'D. BY REGI	STRAR 251 REG	Davidson	Jande 102	

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

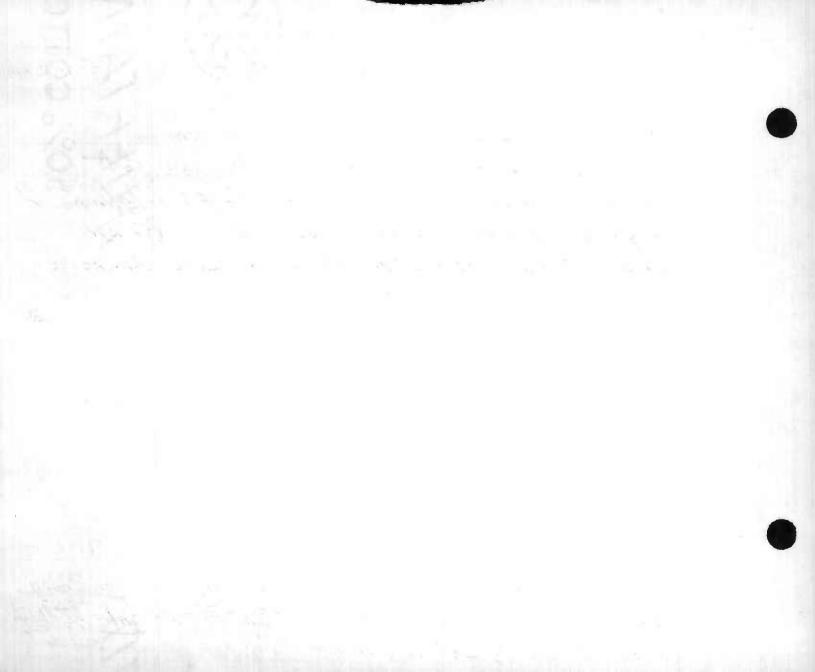
BARRES LAND FOR

STATE OF MARYLAND

201703 MALIO MALO TO THE PROPERTY OF THE PARTY OF T to the late of the second of t Planuther width in Prince - a ... The S. Style St. Example of the state of the sta Anna Taylor Inches

Control of Course Service Addition of the O. I. 2005 Service S

STATE OF MARYLAND



2	FOR			DEPARTM	ENT OF HEALTH AND		13	2	i	5
1.	- STATE				CERTIFICATE OF	DEATH	8 3	A.		
1.05	REGISTRAR CEASED NAME	FIRST	MIDDLE		LAST	J. ALMIN	REG.		DAY YEA	R 2b. HOL
		Miltor		lyn	BLAND		July 4, 19		DA1 16A	5:1
3. SE	Х	4.	RACE		S. DATE OF BIRTH		6. AGE (IN YEARS LAST I		IF UNDER TY	
1	vale		White		January 19	. 1912	73	YRS.	MONTHS D	AYS HOURS
7g: B	IRTHPLACE (STATE OR FO	OREIGN 7b	CITIZEN OF WHAT	COUNTRY?	8		9 BALTIMORE CITY		OF DEATH	1
	COUNTRY) Virginia		USA		MARRIED NEVER	DIVORCED [Wice	omico		
10. C	ITY OR TOWN OF DEA	тн 11	I. NAME OF HOSPIT		G HOME OR OTHER IN	STITUTION	12a USUAL OCCUPA	TION		D OF BUSIN
	Salisbury	1 1	Deer's Hea				Shipping (lerk		irt Co
USU 13a	AL RESIDENCE (IF NURSI	HOME OR OT	HER INSTITUTION, GIVE RE	SIDENCE BEFORE	ADMISSION)	CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	GC	144
	Del.	Kent	Ha	rringt	On YES	NO 🛣	R.D. 1	Box 11	3 / 19	9952
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEAT RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES REDE TO THE CHIEF MEDICAL EXAMINER A GIONG WITH FORM PED TO THE CHIEF WEDICAL EXAMINER SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES IQAN, TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VIOLENCE OF THE PROPERTY OF REMOVAL.	194	lying cause last.		
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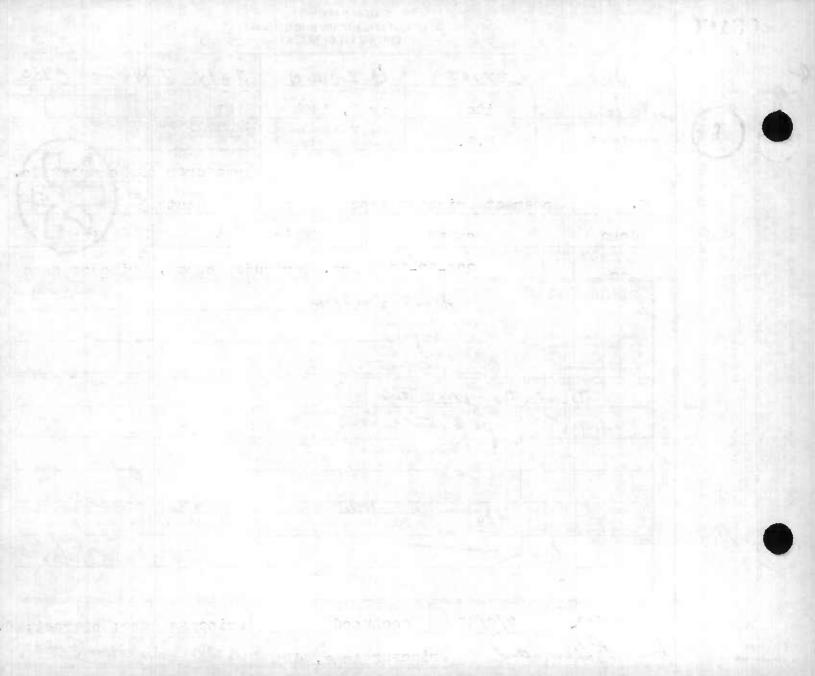
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 212042 REGISTRAR REG. NO DECEASED NAME 28. DATE KNOWN X MONTH (TYPE OR PRINT) 7-22-85 2015 S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS GALEN CARTER MARION DEATH MATED 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS 3. SEX IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 2015 White DEAD Male 1. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Wicomico WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Poutryman Peninsula General Hospital Salisbury 13d. INSIDE CITY LIMITS? _ 13e STREET ADDRESS 1136 COUNTY 13c CITY OR TOWN 13a STATE 21865 Tyaskin Wicomico Box 30 Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST John LASE Carter Lena Berry 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (IF YES GIVE WAR OR DATES) Gertrude Carter, Tyaskin, Maryland 212-32-3586 APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Cardiac Arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Heart Disease Conditions, if any, which years gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION INERE THE CASE OF THE OF THE CASE OF THE OF TH 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR LOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, 9 PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: 9. AFTER DEATH, WITH THE SI. BALTIMORE, MARYLAND, 2. =nspection X 220 I certify that I took charge of the remains described above, held an Autopsy Natural couses Undetermined manner Homicide Suicide TITLE (SPECIFY) 7/24/85 Deputy EXAMINER'S NAM T. Bulkeley, M.D. ADDRESS Pine Bluff Rd., Salisbury, Md. John. Tyaskin, Maryland Burial July 26,1985 Tyaskin Cem. BP 24 FUNERAL D 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE La Lutason-Mandale **DHMH** - 17 Messick Funeral Home, Bivalve, Md. (VR A15 ME (5)) 20M 4/B2

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STATE OF MARYLAND DED.

ARTMENT OF HEALTH AND MENTAL HYGIENE			
CERTIFICATE OF DEATH	8	12	2

3	1 - STATE REGISTRAR	CERTIFICATE OF DEATH	8 5. NO. 2 1 1 5 /
	1. DECEASED NAME FIRST	Fisher CHESSER	JULY 4,1985 1915 M
	Male 1	White Jan-28-168	6 AGE (IN YEARS LAST BIRTHDAY] FUNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN.
3	Vinginia	U.S.A. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH MD.
0	Salisbury	NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION Peninsula: Generals Hospital	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
3		nack Sign Post 13d Inside City Limits?	Star Lt Bot 46 New Church,
1/	Warny R. C	LAST MOTHER'S MAIDEN NA. Mary Et	te Fisher
REGISTRAR I. DECEASED NAME I. THE PRINCIPLE OF PRINCIPLE I. SAME I. SAM	esser New Church, Va 23415		
	PART I. DEATH WAS CAUSED I	BY. P. A. Manager	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		BUE TO, OR AS A CONSEQUENCE OF	e PROSTATE
	cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
		NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110
2		196 CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
2	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
	218 INJURY OCCURRED	21e. PLACE OF INJURY 211 LOCATION	CITY OR TOWN COUNTY STATE

AT WORK AT WORK

22a 1 certify that (1) (this haspital) attended the deceased from. 7-4saw the deceased alive an abave, (1) (we) (did) (did not) view the body after death.

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

MEDICAS

27c. DATE SIGNED

19 85 , that (1) (we) lost

ATTENDING PHYSICIAN 77e. ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN

4

23a. BURIAL, CREMATION, REMOVAL

h. CLIFFORD

231. NAME OF CEMETERY OR CREMATORY

CENTER

16 50M 4/83

24 FUNERAL DIRECTOR

226 SIGNATURE

ADDRESS

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(VRA-15, 4)

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K.I	4033		OR PRINT)					OUECE			Or		7-26-8	35.0	•
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0	WALE SERVICE		7 7 3	IMMEDIAT	E CAUSE (a)	R AS A CONS	EQUENCE OF	Carun	Jyascul	ai uis	cusc				
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102	N AL-		lying cous	e lost.	(4)										
DIVISION OF VITAL RECORDS, 201	ULD BE EXECUTED WITHTING A 100 "PENDING" IN PENCIL IN-117-A 18 TED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIEN, IL, CREMATION, OR REMOVAL.		PART 2 OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DEAT	H BUT NOT RELATE	D TO THE TERMIN	AL OISEASE OR O	ONOITION GIVEN IN	PART 1 ig.					
Ö	BE EXE ENDING MEDICA AS A BU CREMA	Z													
A PE	L CHEA	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONE	ITION FOR W	HICH OPERA	TION WAS F	ERFORMED?					20 AUTOPSY	?
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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORN TO FUNEAL DIRECTOR: P AFTER DEATH, WITH THE SI: P BALTIMORE, MARYLAND, 2	23a.B	URIAL, CREMAT	ION, REMOVAL 2			AME OF CEM			234 100	RITOWN		COUNTY	Λ α	TATE
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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OF DEATH	ALCONITAL.	DAY	VF AB	04	0110

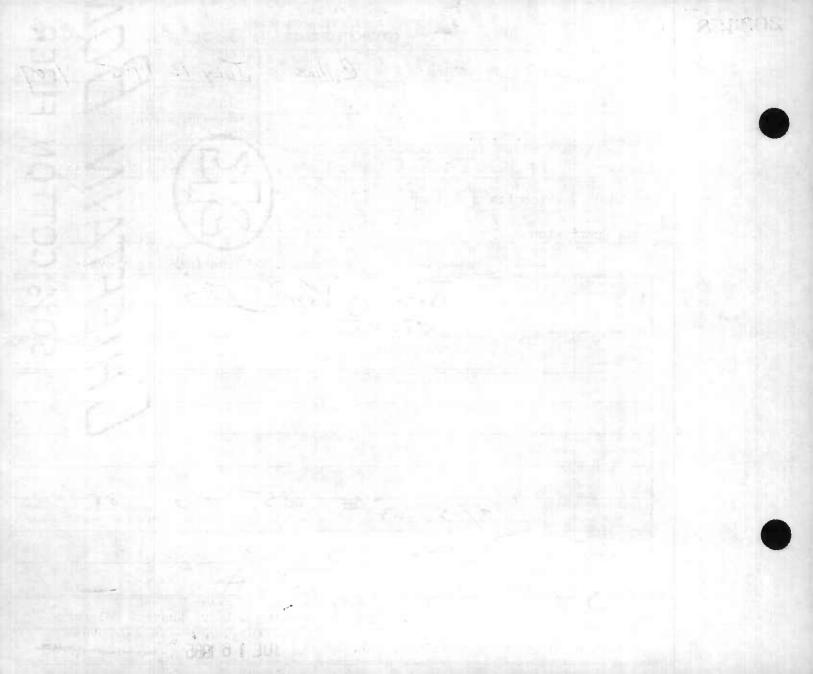
REGISTRAN	KAK				CENTIN	ICAIL OI D	LATIN	RE	G. NO.			
1 DECEASED NAM	NAME	FIRST	N	AIDDLE		LAST d		20. DATE OF DEA	TH MONTH	DAY YEAR	2b H	OUR
		Bess		yellen		Collin	vs	JULY	13 /	985	1	007
3 SEX		4	RACE		5. DATE C		YEAR	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DATE		
Female			White		May	17, 1911	2 ****	73	YR			
7a. BIRTHPLACE	E (STATE OF FO	OREIGN 71	CITIZEN OF	WHAT COUNTR	RY? 8	D X NEVERA	ARRIED -	9. BALTIMORE C	ITY OR COU	NTY OF DEATH		
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Oscar H	RST		IDDLE	LAST			MAIDEN NAME Taylo	THAN	DLE	()	AST	
160 WAS DECEAS				166 SOCIAL SE	CURITY NO.	17 INFORMA	NT	A	DDRESS			
NO OR UNKE	JNKNOWN	(IF YES GIVE	WAR OR DATES)	219-05-	3966	Willia	am S. C	collins (same a	s above)		
18 CAUSE O	I. DEATH WA	I (Enter only AS CAUSED IMMEDIATE	BY	line for to 16	ond is	32 Va	Tm	Fiz	5	APPRO BETWEEN	XIMATE IP	TERVAL
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OR CONTRIBU	RIBUTING C	AUSE OF DEATH	P.A	A. MONTH	DAY YEAR			ED (ENTER NATURE C	DE INJURY IN ITEM	18 PART I OR PART 2)		
WHILE AT WORK	DRY OCCURRI	ILE 🗍	21e. PLACE C	OF INJURY SET, FACTORY OFFIC	CE FARM, ETC)	21f LOCATIO	N 0-0-	City	ORTOWN	COUNTY		STATE
sow the	the deceased	d olive on_	view the body	deceased from	C C	nd that in (my)	, 19	leoth occurred on	the date and i	hour and from th		(we)
22b. SIGNAT		- 4.	Rai	PE71		DEGREE A	TTENDING PHYSICIAN	MEDICAL DIRECTOR PI	STAFF HYSICIAN []	22c. DAT	E SIGNI	D
22d FHYSIC	SICIANISMA	1	1/	8		22e ADDRES		4				
23a. BURIAL, SUEV (SPECIFY) Buria:	al.	REMOVAL	23b. DATE 7-17-1			emetery or cophens C		23d LOCATION Delmar	"Susse	x Delaw	vare	STATE
230. BURIAL, SECOND BURIAL SPECIFY BURIAL 24 FUNERAL DIRE	al	REMOVAL					emetery	23d LOCATION Delmar REC'D. BY REGIS	"Susse			elaware

DHMH - 16 60M 7/E (VRA 15, 4)

IMPORTANT: If them 21 is morked or Item 18 shows ony

Marvel-Short Funeral Home Delmar, Del. 19940

JUL 16 1985 January my my market



20M 4/B2

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME TO DATE KNOWN OF ESTI-CLAUDE Allen CORDREY 7-25-85 4. RACE 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED 0820 , 7-25-85 Male White 27 1913 02 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Edwardsville, Virginia U.S.A. Wicomico WIDOWED XX DIVORCED TI. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS or in such facility, give street dobress)
Peninsula General Hospital For most of working LIFE)
Farmer Salisbury USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Wicomico T3d INSIDE CITY LIMITS? Box 172 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Fallin Cordrey Allen Eliza Estelle IT. INFORMANT Mrs. Eleanor C. Van Meter (Daughter)
Same as #13e 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 215-36-1784 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) LISCANT PART I DEATH WAS CAUSED BY: Coronary Occlusion DUE TO, OR AS A CONSEQUENCE OF Hypertensive Cardiovascular Disease Conditions, if ony, which years gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN AT WORK AT WORK COUNTY Inspection X. 224 I certify that I took charge of the remains described above, held an Autopsy Natural causes 7-26-85 Deputy DATE MEDICAL EXAMINER John T. Bulkeley, M.D. ADDRESS Pine Bluff Rd., Salisbury, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 7/27/1985 Mardela Cemetery Mardela - Wicomico Maryland BP 24 FUNERAL DIRECTOR **DHMH - 17** Holloway Funeral Home, P.A., Salisbury, Maryland (VR A15 ME (5)) 20M 4/82

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7-26-85	Deputy	and public		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE (TYPE OR PRINT) HOWARD 3 SEX IF UNDER I YEAR white 1901 male Nov. 26 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico Maryland WIDOWED DIVORCED | 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Peninsulage General Hospital Salisbury 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY retired Merchant SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 136 CITY OR TOWN 21851 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Worcester 319 Winterguarters Dr. Maryland Pocomoke YES T NO [4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE (unknown) I. Covington James WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT 23405 228-01-3865 Robert B. Thomas Machipongo, Va. (YES NO OR UNKNOWN) I (IF YES GIVE WAR OR DATES) no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost erenon NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY III LOCATION COUNTY CITY OR TOWN STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (1) (this hospital) attended the defeased from saw the deceased alive an. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) yes the body after death 226. SIGNATURE DEGREE MEDICAL ATTENDING FUNERAL I mn PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OF THE 22e ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORT

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Buria

236 DATE

231 NAME OF CEMETERY OR CREMATORY Holly Cemetery Onancock

23d LOCATION

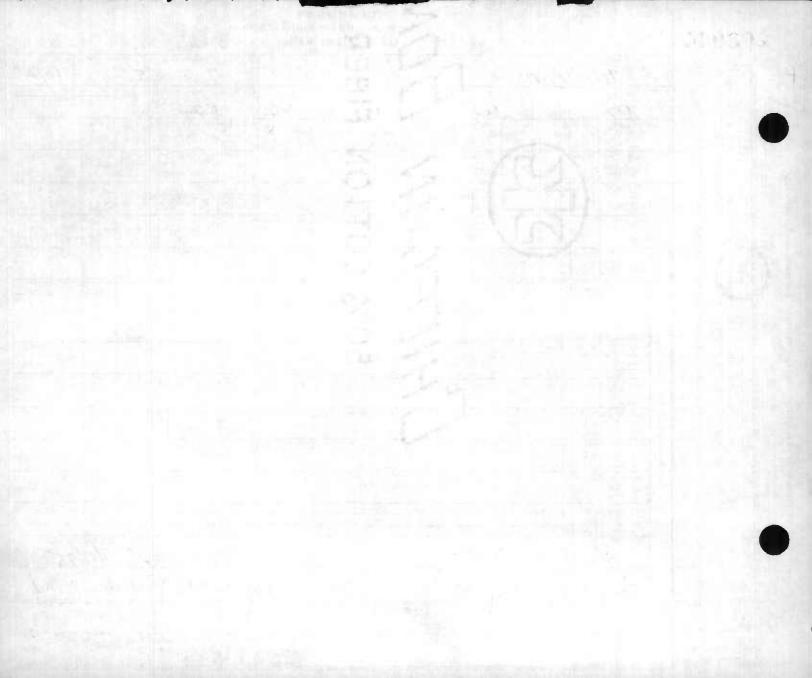
COUNTY

Pocomoke City

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR

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ge 4 may	3. SE	\sim	4. RACE)	5 DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT		ONIHS DAYS	IF UNDER 24 HRS HOURS MIN.
of the state of th		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O WICOMICO	R COUNTY	OF DEATH	MD.
. 187		lisbury		HOSPITAL, NURSIN La Genera		pital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O			F BUSINESS OR
BALTIMORE, MARYLAND 2120 for the executed within 24 hours continued completely filling in the profit. The medical example reflecting to the continued of the medical continued to the continued of the continued to the continued	13e S M:	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN issouri		13t. CITY OR TOWN St. Lou	V	138 INSIDE CITY LIMITS?	13e.STREET ADDRESS / 609 Twig 1		63125	199
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IMORE.		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IE YES, GIV UNKN.	MED FORCES?	218-24-		17 INFORMANT	ADDRE	SS		
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIAT	nly one couse per D BY TE CAUSE (o)	r line for 101, (b), and	Cer	rloris_			BETWEEN C	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The law requires that the death certification of the death certifications by the attending of the buriol-transit permit. Then please remove carbon than and Mental Hygiene prior to buriol, cremation, or remained or tem 18 shawwany injury, or other troumatic resources.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	(b)	OR AS A CONSEQUE						
or to burner injury.	NOI	PART 2 OTHER SIGNIFICANT (
TALRECC TALRECC The low icion te has be sit permit giene prii	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFY YES		IGS USED OF DEATH? NO []
SION OF VITA PHYSICIAN: T PHYSICIAN: T his certificore te buriol-tronsit d or frem 18 fly	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	.m. month da .m.	Y YEAR	21a. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT I OR PART 2)	
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R ATTENDI hospitol or RECTOR: A red for use ppt. of Heol		220.1 certify that (1) (this hospi sow the deceased alive an above, (1) (we) (did) (did no		19		d that in (my) (our) opinion o	deoth occurred on the do			that (I) (we) lost couses stated
MAL Of the RAL Div the detach detach tote De		22d PHYSICIAN'S NAME (TYPE O	Pouten	63	-M		MEDICAL STAF	F IAN	7/6/9	NGNED
TO HOSPI etained b TO FUNE should be with the S		John A. Route	enberg 1	mo.O			vision St.	Sol	sbury	·md
999BP99	-	SPECIFYI CREMATION, REMOVAL CREMATION	23b. DATE 8/12/			emetery or crematory ill Crematory		I	COUNTY G	STATE Md
DHMH - 16 60M 7/84 (VRA 15, 4)		obert e. Wilhel	m Funer	al Home S	uitla		REC'D. BY REGISTRAN	256 REGISTA	AR'S SIGNAM	IRE



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1.	- STATE REGISTRAR		DEI AKTIME	CERTIF	ICATE OF DEATH	8 RES NO.	2	1	1 6 5	
	F OP PRINTS	homas Houst	on B	arlini ARLI	ast g NG	20 DATE OF DEATH MON	1985	YEAR	1925 M	
3 SE		4 RACE	5	DATEO		6 AGE (IN YEARS LAST BIRTHDAY	Y) IF UNI	DER I YEAR	IF UNDER 24 HRS	
	Male	White		80 80	07 1919 YEAR	65	YRS	DATS	HOURS MIN.	
	IRTHPLACE (STATE OR FOR		WHAT COUNTRY? 8	MARRIE	NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH				
	elfast, Irelan			VIDOWE		Wicomico			MD.	
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130		OME OR OTHER INSTITUTION COUNTY	Princess A			13. STREET ADDRESS / ZIF Rte #1 Box 78	Polk'	s Ro	ad 21853	
	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		ZAI	J	
1	Edgar Wi	lliam D	arling		Mary	Dow		_ach]		
160	WAS DECEASED EVER IN	U.S. ARMED FORCES?	015-18-037		Same as #13e	Bernice L. Da	rling (V	Wife)		
100	PART I. DEATH WAS	DUE TO, C	PESPIN	CE OF	A OF LU				WATE INTERVAL ONSET AND DEATH DAYS	
NO	PART 2 OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN	PART 1:0	>	
CERTIFICATION	19a. DATE OF OPERATIO	19b. COND	ITION FOR WHICH OF	PERATIO	N WAS PERFORMED		b. IF YES, WEI CERTIFYING YES			
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	ISE OF DEATH HOUR A	OF INJURY .M. MONTH DAY .M.	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I C	DR PART 2)		
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	[AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FARA		21f. LOCATION STREET	CITY OR TOWN	c	OUNTY	STATE	
1	saw the deceased		10 8	3. on	ed that i pour opinion of	death occurred on the date o	, 19	from the	that (we) lost causes stated	
	22b SIGNATURE	100	997	I	ATTENDING PHYSICIAN	MEDICAL STAFF		DATE	SIGNED 2/85	
1	22d. PHYSICIAN'S NAM	E (TYPE DIPERMIT)			22e ADDRESS	1 14 1		/		

E.H. MacDonald, M.D.

PGHMC, Salisbury, Maryland

23c NAME OF CEMETERY OR CREMATORY 7/5/1985 230 BURIAL, CREMATION, REMOVAL (SPECCremation Salisbury Crematory

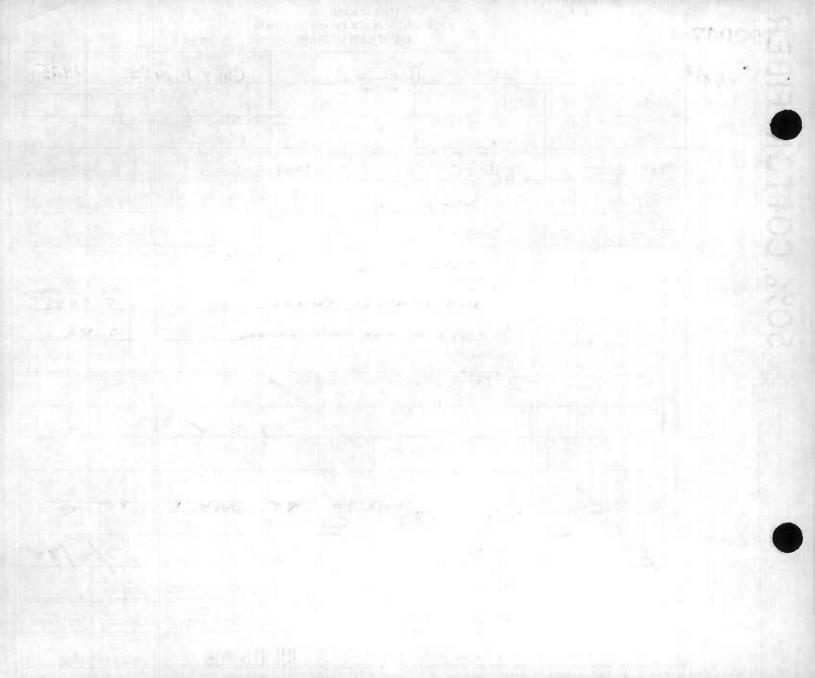
Salisbury, Wicomico, Maryland

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Maryland



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

SREG. N	. 2		200	6	6
E OF DEATH	MONTH	DAY	YEAR	2b. HOL	JR

126 KIND OF BUSINESS OR INDUSTRY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

, that (I) (we) last

Male White 11 27 1917 67 YRS	1985 1600 IF UNDER 1 YEAR IF UNDER 241
Male White Jay 1917 6. AGE (INYEARS LAST MRIHDAY) Whom the State of Foreign Kentucky V.S.A. WIDOWED DNORCED OCITY OR TOWN OF DEATH The Notion such facility, Give street address) Peninsula General Hospital	FUNDER LYEAR IF UNDER 24 ONTHS DAYS HOURS A
Male White 1	ONTHS DAYS HOURS A
Male White 11 27 1917 67 YRS. 76 BIRTHPLACE (STATE OF FOREIGN COUNTRY) 8 MARRIED ★ NEVER MAR	
Kentucky U.S.A. MARRIED & NEVER MARRIED	OF DEATH
Kentucky U.S.A. WIDOWED DIVORCED WIGORIEC 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 116 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFE) Refired Investige	
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 116 USUAL OCCUPATION 116 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFE) Refired Investige	
Salisbury Peninsula General Hospital Retired Investigo	126 KIND OF BUSINESS
	INDUSTRY tor
Maryland Worcester Berlin 136 Inside city Limits? 136 STREET ADDRESS / ZIP CODE 4743 Ocean Pines	21811
IS MOTHER'S NAME	21011
John Jacob Astor Dean Martha Laura	Batman
	Wife)
(YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)	wile)
Yes Army 402-10-2748 Same as #13e	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
PART! DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) Stap by lococcal September 1	The state of the s
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which (b)	
gove rise to immediate Couse (a), stating the DUETO, OR AS A CONSEQUENCE OF	
underlying cause last.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 11a
ONDER TO LONG	earl & Va
I 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES	WERE FINDINGS USED
YES TO NOT IN CERTIFY YES	ING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
OK CONTINUITINGCAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER] P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY	
WHILE NOT WHILE CITY OF FICE FARM ETC. STREET CITY OR TOWN	COUNTY STAT
AT WORK AT WORK	1
270 certify that (1) (this hospital) attended the deceased from	9 5 , that (1) (we)
saw the deceased alive on	and fram the causes state
27b. SIGNATURE OF CEGREE	271. DATE SIGNED
Denied ATTENDING MÉDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	7/30/8
	1
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	
22d. PHYSICIAN'S NAME (TYPE OR PRINT) BENITOS. CHAN 37-0 Riversich	2 Sas

MPORTANT.

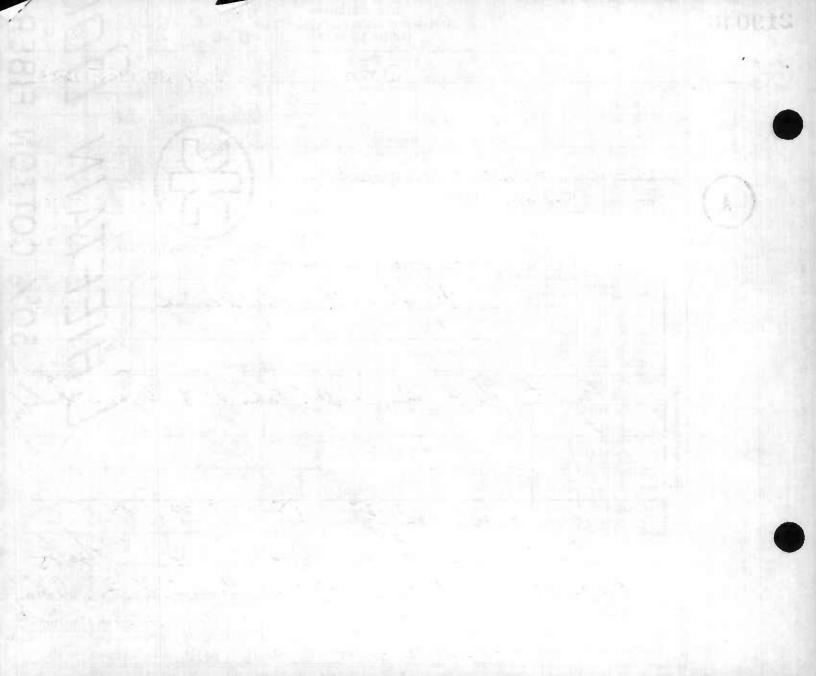
DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland

Zachary Taylor Cemetery Louisville Jefferson Kentucky

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

grove Daydoon-Pondall



TO HOSPITAL

(VRA 15, 4)

injury, ar ather traumatic

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 213

STATE OF MARYLAND

1	FOR STATE		DEPARTN			MENTAL HYG	IENE		0	1 1		- 7
	REGISTRAR			CERTIF	ICATE OF	DEATH	Ö	REG. NO.	2	1 5	0	-
	CEASED NAME FIRST		MIDDLE	į	AST		20. DATE OF	DEATH MONTH	d DAY	Y YEAR	26 HOU	IR
TITPE	OR PRINT) ALBI	ERT	H.	DE	NNIS		TOLER	JULY	3	,1985	00	517M
3. SE	(4 RACE		5. DATE C			6 AGE INYEA	ARS LAST BIRTHDAY)	-	UNDER I YEAR	IF UNDER	
	MALE	NEG	RO	MONE	6	20			rRS	NIHS DAYS	HOURS	MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER	MARRIED -	9 BALTIMOR	E CITY OR CO	UNTYO	FDEATH		
	ARYLAND	U. S	. A.	WIDOWE		DIVORCED 💢	Wi	comic	0			MD.
10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSING		ROTHER IN	STITUTION	120 USUAL O	CCUPATION FOR MOST OF WORK	UNIC LIEE	12b. KIND C	F BUSINE	SS OR
	Salisbury		sula Ge		1 Hos	pital	LETIMED	labor	_	Cons	Hruch	HON
	AL RESIDENCE (IF NURSING HOME		GIVE RESIDENCE BEFORE		124 INISIDE	CITY LIMITS?	LIZA STREET AL	DDRESS / ZIP	CODE			
M	1 = 1	OMICO	EDEN	1	YES [NO K	RT. #1	COX 3	329	1218	22	
14 FA	THER'S NAME	MIDDLE	TAAT		15 MOTHER	S MAIDEN NA	ME	WIDDIE				1/2
7	Ev. Rohert	W.	DENNIS		W	INITRED				POL	K	
léa V		ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM			ADDRESS 6	480	Came	lot	DR.
-	YES, NO OR UNKNOWN) (IF YES (WII MAR OR DATES)	214-16-4	086	PAMEL	A WRIGH	4T	Colume	31A.	S.C.	292	03
	18 CAUSE OF DEATH (Enter		r line far (g), (b), and	lies.	0	· _ [. 0				MATE INTER	
	PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a)	Cara	100/	legger	e atore	Us	lest				
		DUE TO, O	R AS A CONSEQUE	NC OF	· cho	0 0	6	1				
	Conditions, if any, which	(ıb)_		Cer	lova	e su	mon	mye				
	gove rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF				0				
	underlying cause last	(c)										
_	PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	OR CONDITIO	N GIVEN	IN PART 1	a	
MEDICAL CERTIFICATION	Alberta The Color											
CAI	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOF			WERE FINDING CAUSES		
TIE							YES 🗌	NO	YES		NO [
E E	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME C	OF INJURY ,M. MONTH DA	Y YEAR	21c HOW I	NJURY OCCURR	RED (ENTERNATE	JRE OF INJURY IN ITE	M 18 PART	T F OR PART 2)		
CAL	(IF EITHER NOTIFY MEDICAL EXAMIN	ENIH	.M.	19								
EDI	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FA	PM FIC	2U. LOCAT			CITY OR TOWN		COUNTY	5	TATE
2	AT WORK AT WORK	(KITTOME 31	REEL, FACTORY, OFFICE, FA	L.	20	•	9,000	M		0017	,	
	22a.1 certify that (1) (this has	pital) attended th	ne deceased from_	- 7	my 6	2 19 8		py	3. 19		that (I) (v	we) last
	sow the deceased alive abave, (I) (we) Add) (did	nat) view the bady	after death.		d that in (my	r) (our) opinian o	death accurred	an the date on	d hour a	ind fram the	causes sta	ated
	22b. SIGNATURE	20 /	2 0 1 1	7.	DEGREE					22c. DATE	SIGNED	
	Alellan	08/. 18	alded	0		PHYSICIAN T	DIRECTOR	STAFF PHYSICIAN		2	14/2	15
	22d. PHYSICIAN'S NAME (TYP	ORPRINT			22e ADDRE		E RIL	IERSI.	DE	0.0	10 4	
	HELEN 1	n Bi	91DAD	1		SAL	15B 46	3 V	pre	2	1801	,

BURIAL TO SPECIF BURIAL TO SOLUTION SPECIF BURIAL TO SOLUTION SPECIFICATION SPECIFICAT DHMH - 16 60M 7/83 01

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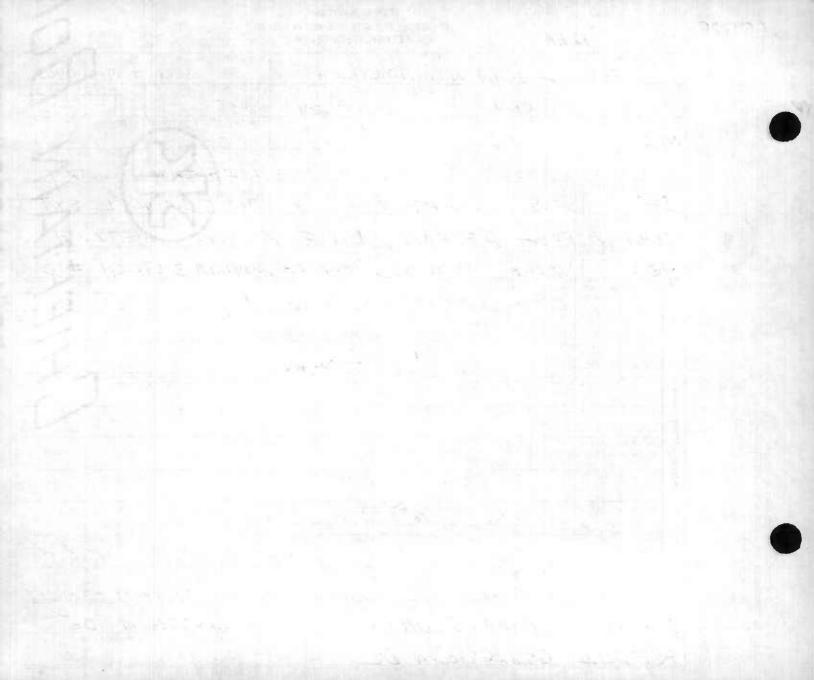
230. BURIAL, CREMATION, REMOVAL

PRIENDSHIP U.M. CEMETERY ALLEN WICOMICO M

ADDRESS SQ. 1.5. Md. JUI 10 1985

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STATE OF MARYLAND



1-	FOR STATE REGISTRAR				STA MENT OF EXAMIN	HEALTH		MENTAL			DE C	G. NO.	1 1	6	a
1. DE	CEASED NAME	FIRST		MIDDLE			LAST			20 DATE	KNOW	A. M.	ONTH DAT	Y YEAR	2h. HO
(TYP	E OR PRINT)	GRAN	VILLE				ELLI	OTT		OF DEATH	MATED) []	6-27	-135	081
(SE)	ale Whit	MC	ATE OF BIRTH	YEAR	6. AGE (IN YE LAST BIRTHD		DER 1 YR.	IF UNDE	R 24 HRS. MIN.	24. DATE PRONOU DE AL	NCED		7-85		2d. HO
7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	Mr. Service	CITIZEN OF WH	AT COUN			ED N	EVER MARI	RIED 🔲			TY OR C	OUNTYO		
			USA			WIDOW	_ A .	DIVOR				nico			
	TY OR TOWN OF DEATH	11.	NAME OF HOS (IF NOT IN SUCH FAI Penins	CILITY, GIVE S	TREET ADDRESS)		Hosp		FOR	UAL OCCL MOST OF WO	RKING LIFE)		OR INDUS	
3a S		COUNTY		13c. CITY	ORTOWN	ON)	13d INSIDE	CITY LIMITS?	13e STR	EET ADDR	ESS		ó	218	01
	THER'S NAME	icomic			isbury			HER'S MAID		e Blu		1111	ge		
E	ijah	MIC	Elli	ott	LAST		Hes	ster		E.	MIDDLE	Не	earn	LAST	
ia. V	VAS DECEASED EVER IN L	J.S. ARMED	FORCES?		CIAL SECURIT	YNO.	17 INFOR	RMANT			ADD	RESS			
ye		MMXX		214	10 713	32	Nels	son El	liot	t Wil	ling	Dr	Salis	bury	Md.
	18 CAUSE OF DEATH (E	nter only on	e couse per line	for (o), (b), and (c).)								81	APPROXIMA	SET AND DE
	IM.	MEDIATE CA	AUSE (o)	_	diac A		st							minu	ites
	Conditions, if ony,	which			NSEQUENCE :								150		
	gove rise to imm	nediote /	(0)		eriosc		otlc	неа	rt L)lsea	ase			yea	ars
	couse (o) stoting the lying couse lost.	under-	DUE TO, OR	AS A CON	NSEQUENCE (OF									
Z	PART 2 OTNER SIGNIFICANT COM	NOITIONS CONTR	RINUTING TO DEATH I	BUT NOT RELA	ATEO TO THE TERM	INAL DISEAS	E OR CONDITI	ON GIVEN IN P	ART 1 o						
CERTIFICATION	190 DATE OF OPERATIO	N	19b. CONDIT	ION FOR	WHICH OPER	ATION W	'AS PERFO	RMED?				-	20	AUTOPS	Y?
TIFIC													30	YES 🗌	NO:
	210. EXTERNAL CAUSE VI UNDERLYING OR CONTRIBUTING CAU			MONTH	DAY YEAR		OW INJUR	RY OCCURR	ED LENTER	NATURE OF IP	YJURY IN ITE	M 18 PART	1 OR PART 2)	1	
MEDICAL	21d INJURY OCCURRED WHILE NOT WH AT WORK AT WORK		21e PLACE C STREET, FACT				CATION		4	CITY OF TO	OWN		COUNTY		STAT
	27a. I certify that I too	k charge of		cribed obc		Autop	,	Inspection		Inquiry termined m	- [ond in	my opinion		
	ACTUAL SIGNATURE	hung	563	ul	beli	4 M	TITLE	(SPECIFY)		ICAL EXA			DATÉ SIGNED	6-28	3-85
	EVALANIED'S NA D	ohn '	T. Bul	kele	ev. M.	1.	ADDRESS.	Pin	4		Roa		Sali	sbur	v.Mo
	URIAL, CREMATION, REMO				NAME OF CE				CITY	ORTOWN			COUNTY		STATE
ŀ	urial	Ju	ne 29,	1985	Odd Fe	eldow	s Cer	netery	La	ure1	S	usse		Dela	
Mc	mer L. Disha	roon	bo	x 678	3 De	1995		250. DATE	REC'D. BY	Y REGISTRA	AR 25b	REGISTR	AR'S SIGNA	ATURE	-99-
V.	indsor-Dis	IIaI O	مدد و دده	ar er	, De.	1933	0	30			10	- WOO	-of door	1	

seles of the control erylend when to Sulisbury & Pine bluff Village Chine Louis Louis L. Learner Mark total 114 to 7132 Calson Chicago William or Salishney Dat.

June 11, 1965 Old 1015, at action with the court of the court

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

150%	2 4	0	1	- 1	1	
1	100	1				- 1
0	REG. NO.	IC-III				

	- STATE REGISTRAR	Sec.		CERTIF	CATE OF DEATH	8 REG. N	0. 2.		/ U
1	I. DECEASED NAME FIRST		ore	E	ingis'	20 DATE OF DEATH	28 1	985	1915 M
1	3. SEX Male	White		5. DATE O	F BIRTH 21 DAY 190 YEAR	6. AGE (IN YEARS AST BIR			HOURS MIN.
	Parsonsburg, Mai		WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
	10 CITY OR TOWN OF DEATH Salisbury	11. NAME OF	HOSPITAL, NURSING	DDRESS)	DID DIVORCED X ROTHER INSTITUTION L Hospital	Wicomiconiconiconiconiconiconiconiconiconicon	ON	12b. KIND OF INDUSTRY Farmi	
6	Maryland Wi			DMISSION)	13d. INSIDE CITY LIMITS?		ZIP CODE	218	49
V	William	MIDDLE W.	Ennis		15. MOTHER'S MAIDEN NAM	MIDDLE		Parsor	
1	160 WAS DECEASED EVER IN U. (YES, NOOR UNKNOWN) (IF Y	S. ARMED FORCES? (ES. GIVE WAR OR DATES)	217-36-0		Rte #1 Box	onrad L. Ad	kins (F	riend) ² d., Parso	1849 Insburg, N
1	Canditions, if any, whis gove rise to immedia cause iot, stating it underlying cause la PART 2 OTHER SIGNIFIC. 192 DATE OF OPERATION	ch te he DUE TO, O ANT CONDITIONS CO	R AS A CONSEQUENT R AS A CONSEQUENT RESERVED TO DESCRIPTION FOR WHICH C	CE OF	NOT RELATED TO THE TERMI	18e AUTOPSY?	20h IF YES,	WERE FINDING ING CAUSES O	
7	The acceptant was understood on commentations of cause in cause in the cause in the cause in the cause in the cause of the particle of the cause of	OF DEATH HOUR A. ANNERS) THE PLACE TAT HOME, 31 Prospital attended the ve on find not view the body.	M. MONTH DAY M. OF INJURY OF INJURY OF STATE OF	10 5 6	216. HOW INJURY OCCURR 216. LOCATION 110. 10. 10. 10. 10. 10. 10. 10	ED () NEW NATURE OF PURE	and hour o	COUNTY No.	state or (II (we) fost uses stated
	230 BURIAL, CREMATION, REMO	DVAL 236 DATE	23c. N/		METERY OR CREMATORY Sburg Cemetery	23d LOCATION	ra. Wie	comico.	Maryland
	24 FUNERAL DIRECTOR					REC'D. BY REGISTRAR			

DHMH - 16 60M 7/84

(VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Maryland



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

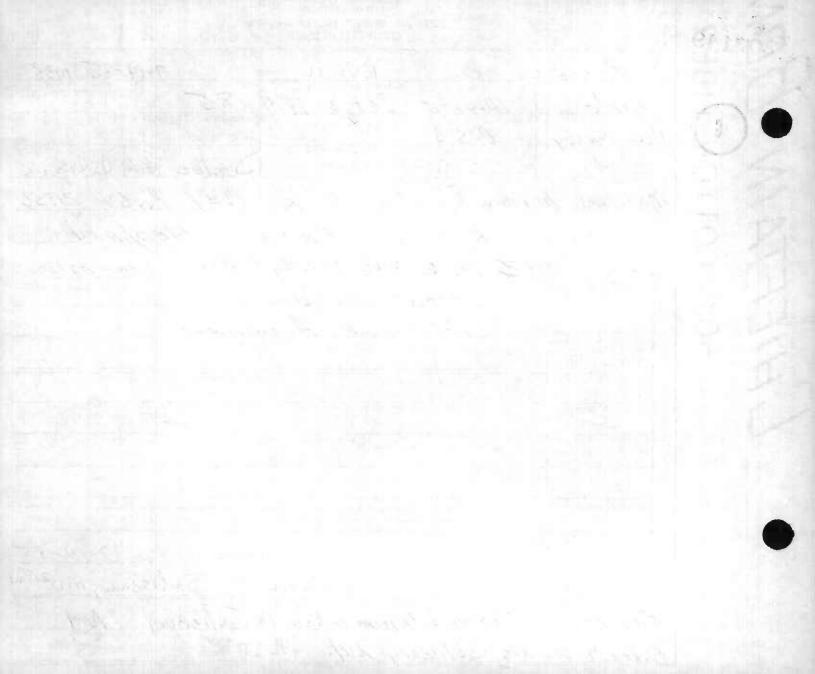
15	2	1	1	7
REG. NO.	Comp		- 3	-

1.	- STATE REGISTRAR	DEFAR	CERTIFICATE OF DEATH	8 5 FG N	2 1 1 /	
	CEASED NAME FIRST	WIDDLE	FVALL	ILEO! / ·	7-14-85 10:	OUR 3
3. SE	mole	RACE WHITE	S DATE OF BIRTH ONT +. 27 1899	6 AGE (IN YEARS LAST BIR	MONTHS DATS HOURS	ER 24 HRS
	HRTHPLACE (SPATE OR FOREIGN 7 COUNTRY)	b. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	R COUNTY OF DEATH	N
1		1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Peninsula Gener	ING HOME OR OTHER INSTITUTION ET ADDRESS) Cal Hospital	US USUAL OCCUPATION OF WORK FOR MOST OF		NESS O
13a	AL RESIDENCE (IF NURSING HOME OR OF COUNTY IS A COUNTY AND WITH			134 STEVET ADDRESS	ZIP BODE 64 210	PSZ
14 FA	ATHER'S NAME CONN M	IDDLE EVAU	15. MOTHER'S MAIDEN NA	AME MIDDLE	Lephard	
16a V	WAS DE CLASED EVER IN U.S. ARM (YES, 1908 UNKNOWN) (IF YES GIVE	WAR OR DALES) 180 SOCIAL SEC	- 3146 Derothy	5. EVAUL	Stone As 1	3e
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	I Farlure		APPROXIMATE INT	ND DEAT
7	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A GONSEQ (b) DUE TO, OR AS A CONSEQ (c) DONDITIONS CONTRIBUTING TO	ommel Anes	MINAL DISEASE OR CON	DITION GIVEN IN PART 110	
FICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF THE CONTRIBUTING TO THE CONTRIBUTION TO THE CONTRIBUTIO	operal Ane	20a AUTOPSY?	206 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE	ATH?
MEDICAL CERTIFICATION	gave rise to immediate couse (o), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (FEITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER)	DUE TO, OR AS A CONSEQUENCY DIVIDITIONS CONTRIBUTING TO A 196. CONDITION FOR WHICE 216. TIME OF INJURY	UENCE OF D DEATH BUT NOT RELATED TO THE TERM TH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION	200 AUTOPSY?	20b IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE. YES NO	ATH?
	gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. I INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hospite sow the deceased alive an	DUE TO, OR AS A CONSEQUENCY DIVIDITIONS CONTRIBUTING TO A 19b CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE) 51) offended the deceased from	UENCE OF DEATH BUT NOT RELATED TO THE TERM TH OPERATION WAS PERFORMED DAY YEAR 19 211. HOW INJURY OCCUR STREET 19 19 11. LOCATION STREET	200 AUTOPSY? YES NO NO NOTICE OF INJURE OF IN	20b IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE. YES NO	STATE (we) I
	gave rise to immediate couse (o), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT OF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital)	DUE TO, OR AS A CONSEQUENCY DIVIDITIONS CONTRIBUTING TO A 19b CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE) 51) offended the deceased from	UENCE OF DEATH BUT NOT RELATED TO THE TERM THOPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET 19 Ond that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death accurred on the di	28b IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE. YES NO RY IN ITEM 18 PART 1 OR PART 2) WAN COUNTY 19 that (I) 21c. DATE SIGNE	STATE (we) I stated
	gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER). 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital sow the deceased alive an above, (1) (we) (did) (during).	DUE TO, OR AS A CONSEQUED TO TO THE TO THE TO THE TOTAL	UENCE OF DEATH BUT NOT RELATED TO THE TERM THOPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET 19 Ond that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO CITY OR TO to death accurred on the di	28b IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE. YES NO RY IN ITEM 18 PART 1 OR PART 2) WAN COUNTY 19 that (I) 21c. DATE SIGNE	STATION (we)

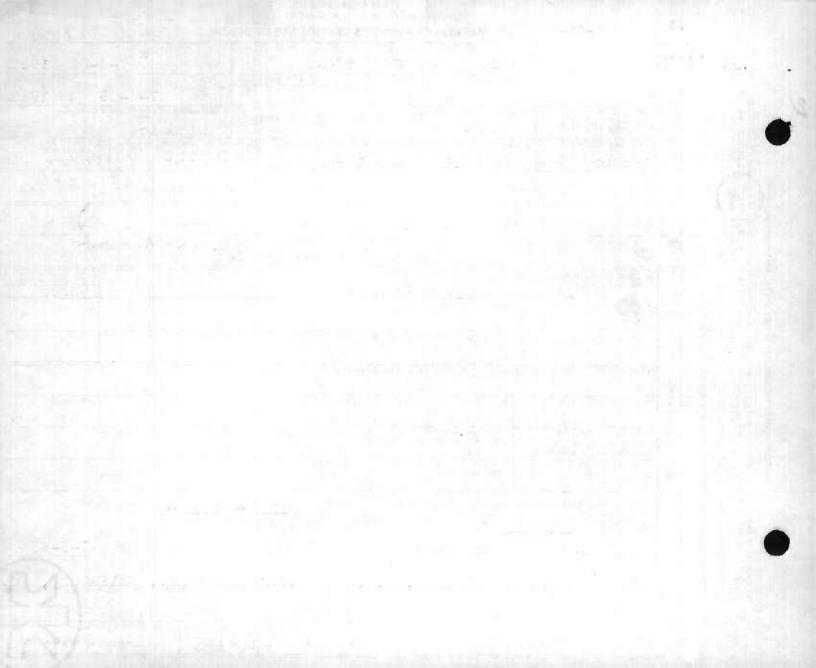
DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending all should be detacked for use as the burial-transit permit. Then please remove containing with the State Dept. af Health and Mental Hygiene prior to burial, cremation, or remi

Baker & Bounds Shisbury Mel.



STATE OF MARYLAND



REGISTRAR Minnie H. Furbush

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BP (VRA 15, 4)

199044

DHMH - 16 60M 7/84

www. Davidson

26 HOUR

12h KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

YES T

COUNTY

15 DURY

22c DATEISIGNED

-85

INDUSTRY

IF UNDER I YEAR

02

IF UNDER 24 HRS

AM M

DHMH - 16 50M 4/83 (VRA 15, 4)

urial

230. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Redmen's

22e ADDRESS

STATE OF MARYLAND

23d LOCATION CITY OF TOWN Selbyvi Lle

COUNTY Sussex

COUNTY

STATE

___, that (I) (we) last

22c. DATE SIGNED

7b. HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Auto Shop

IF UNDER 24 HRS

Cresswell

IF UNDER TYEAR

INDUSTRY

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE - - war Mandell PRESTON

RECORDS.

STATE OF MARYLAND

MARRIED NEVER MARRIED

CERTIFICATE OF DEATH	8 5 G. NO. 2	-1	1 7 5	
LAST	20. DATE OF DEATH MONTH	DAY YE	AR 2b HOUR 4	
GRANTHAM	7 -	13-8	5 1145	
5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I	YEAR IF UNDER 24 HR	5
July 12 1904	81 YRS	WONIH? [DAYS HOURS MI	17

A RACE BIRTHPLACE ISLATE OR FOREIGN

WHITE 76 CITIZEN OF WHAT COUNTRY?

USA

VIRGINIA

WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

DIVORCED |

9 BALTIMORE CITY OR COUNTY OF DEATH Wicomico

TYPIST

126 USUAL OCCUPATION

MIDDLE

17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY

Pennsylvania ID CITY OR TOWN OF DEATH Salisbury

SUAL RESIDENCE (IF NURS INC.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital THE DE OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13c CITY OR TOWN

Dcean City

EAST

13d INSIDE CITY LIMITS?

Insurance Co 130 STREET ADDRESS / ZIP CODE Ocean City. P.O. Box 416

Maryland 4 FATHER'S NAME

FOR - STATE REGISTRAR DECEASED NAME

William Sinnamon

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Worcester

COUNTY

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

Virginia 17 INFORMANT

15 MOTHER'S MAIDEN NAME

(Unknown)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

166 SOCIAL SECURITY NO. 20 8487 206

Hazel Williams

hemanhage

PADDRESS Box 378 Berlin, MD

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

190 DATE OF OPERATION

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

NO YES T 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

200 AUTOPSY?

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE

21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM ETC 1

211 LOCATION TREET

COUNTY STATE

NO F

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

226. SIGNATURE

DEGREE

ATTENDING MEDICAL PHYSICIAN TO DIRECTOR PHYSICIAN

100 Power

STAFF

CITY OR TOWN

and that in (my) (aur) opinion death accurred an the date and haur and fram the causes stated

22c. DATE SIGNED

(SPECIFY)

CERTIFICATI

MEDICAL

Ellis

220.1 certify that (I) (this hospital) attended the deceased from

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

Salisbury, MD 21801

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL old be deto

MPORTANT

RURTAL 24 FUNERAL DIRECTOR

230 BURIAL CREMATION, REMOVAL

108 Williams St.

7/16/85

Sunset Memorial Park Berlin Worcester MD

Kirk Burbage Berlin, MD 21811 - Drawer Const City very Drawer and Toronto and and the Constant William Simparon BITE STORT . A. C field on malred special road res as the Caltebury, MD ALSON N. Mith Burt age Berlin, and Sing

DHMH - 16 60M 7/84 (VRA 15, 4)

Exist - 8 th 18 th 200 July 201 200 July 19 July

00	0	-	OM
20	. 5	4	87

I. DECEASED NAME

FIRST

STATE OF MARYLAND FOR - STATE REGISTRAR

MIDDLE

	-					
DEPARTM	LENT (F HE	ALTH	AND	MENTAL	HYGIENE
	CER	TIFI	CATE	OF	DEATH	

G	IENE	8	REG. N	10.	2	i	7	1
Т	20 D/	ATE OF	DEATH	MONTH	DAY	YEAR	2b. HOL	JR
	Jυ	ly	11,	198	5		4	0 M
	6. AG	E (IN YE	ARS LAST BI	RTHDAY)	IF UNI	DERIVEAR	IF UNDER	24 HRS
		71		YRS	MONIH	5. DAYS	HOURS	MIN.
	9. BAI	TIMO	RE CITY O	OR COUN	ITY OF E	EATH		

TYPE OR PRINT!												
BUSTER	ALTON	HUE	FMAN			July	11,	1985			4	р
SEX	4. RACE		5. DATE O	F BIRTH		6. AGE (IN YE	ARS LAST BIF	THDAY)	IF UNDE	RIVEAR	IF UND	ER 24 HRS
			MONTH	DAY	YEAR				MONTHS.	DAYS	HOURS	MIN.
Male	White		June	23 19	14	71		YRS.				
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER	MARRIED -	9. BALTIMOI	RE CITY C	R COUNT	Y OF DE	ATH		
West Virginia	U.	S.A.	WIDOWE	D D	VORCED	1.15	_ 1112					M
D. CITY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INS	TITUTION	12a USUAT			LIFE) IND	KIND O		
Salisbury	219 So	uth Boule	evard	19		Owner	Ret	•	St	ar	Dil	Co.
JSUAL RESIDENCE (IF NURSING HOME C 30 STATE 13b. COU		136 CITY OR TOWN		13d INSIDE C		13e STREET A					0 -	
Maryland Wico	mico	Salisbury	Ī	YEST	NO 🗌	219 So	uth	Boule	vard		2180)]
FATHER'S NAME	MIDDLE	LAST		15 MOTHER	S MAIDEN NAM	AE	MIDDLE			LAS	ī	
John	H	uffman		Lul	a			Mc	Clun	g		
WAS DECEASED EVER IN U.S. A		166 SOCIAL SECUI	RITY NO.	17 INFORMA	INI		ADDR	ESS		1		
(15 YES, GO OR UNKNOWN) (15 YES, G	WE WAR OR DATES)	235-05-89	928	Edith	Lucille	Huffn	an,	Same	asl3	e.		

No	7	225-05-0920	Faith L	acitte	Auliman,	Same	asi je.	1	
	ATH (Enter only one of H WAS CAUSED BY: IMMEDIATE CAUS	ause per line far ign, (b), and icg.) (E (a) Metastatic	transition	cal ca	Remora	of below	lles DETWI	ROXIMATE INTERVAL EEN ONSET AND DEA 7 MONT	TH -//
Conditions, if a		E TO, OR AS A CONSEQUENCE OF			(8			
gove rise to	immediate								

DUE TO, OR AS A CONSEQUENCE OF underlying cause

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a

19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OP	ERATION		YES _		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY	YEAR	21c. HOW INJURY OCCURRE	D (ENTERN	ATURE OF INJUR	Y IN ITEM TS PART T OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.		19				

21d. INJURY OCCURRED 21e. PLACE OF INJURY

211 LOCATION CITY OR TOWN

COUNTY STATE (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK

22a.1 certify that (10 this hospital) attended the deceased from and that in (ny) (our apinion death occurred on the date and hour and from the causes stated saw the deceased alive abave (1) (we) Idid) (flid nat) view the body after death DEGREE 72L DATE SIGNED 226. SIGNATURE MEDICAL STAFF

our A Salvasky	1-	MI	PHYSICIAN
A. PHYSICIAN'S NAME (TYPE OR PRINT)		22e ADD	RESS

21801

DIRECTOR | PHYSICIAN

/ 90	Jim n.	211	enasky,	THE M.D.	1 # 1 0	Mea.	<u> rcar</u>	center,	Salisbury,	Ma.
23a BURTAL, CRE	MATION, REA		111	23c. NAME OF	EMETERY C	R CREMAT	ORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
Bur	rial		7/14/85	Wicomic	o Mem	orial	Pk.	Salisbury.	Maryland	

24 FUNERAL DIRECTOR

Baker and Bounds Funeral Mome, Salisbury,

BY REGISTRARI25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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should be detoched for use as the buriol-transit with the State Dept. of Health and Mental Hygi

FUNERAL DIRECTOR:

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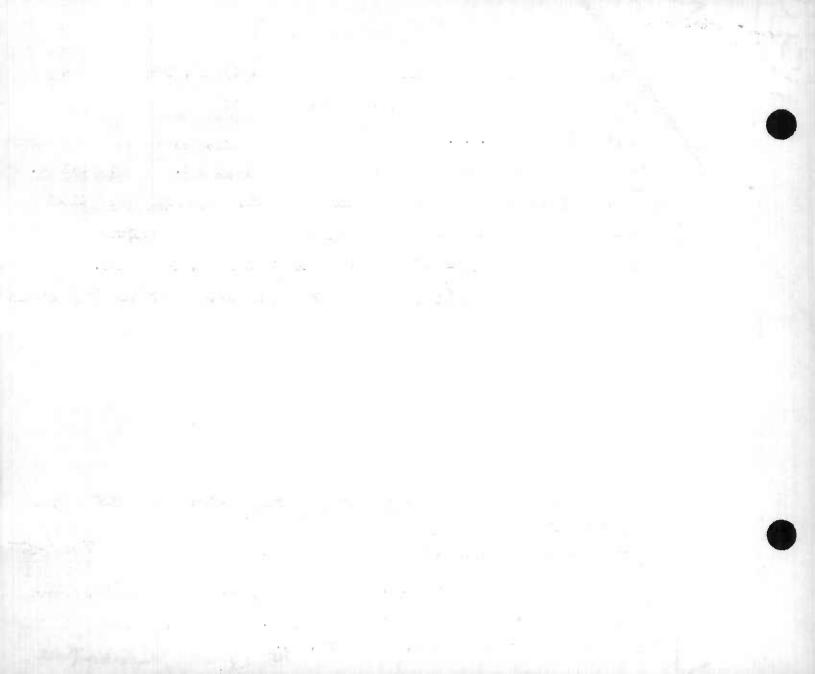
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MPORTANT: If Item 21 is

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certificate hos



FOR

219038

STATE OF MARYLA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERT	IFICATE OF DEATH	8 RES. N	. 21	1/8
1. DECEASED NAME FIRS	T MIDE	DIE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
Char	rles Momb	perger Au	RLOCK	July	18,1985	2/13 M
3 SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	
Male	White	Mar	ch 28, 1911	74	YRS	S HOURS MIN.
BIRTHPLACE STATE OF FOREIG	76 CITIZEN OF WH	AT COUNTRY?	IED A NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	
Maryland	USA	WIDON		Wicomico	County	MD.
10 CITY OR TOWN OF DEATH		SPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 126. KIND	OF BUSINESS OR
Salisbury	Peninsula	a General Ho		Farmer	F WORKING LIFE) INDUSTR	culture
130. STATE MD	COUNTY 13	c. CITY OR TOWN Chodesdale	YES NO A	Rt. 1, Bo	ZIP COPE X 94/2165	9
III. FATHER'S NAME	MIODIE	LAST	15. MOTHER'S MAIDEN	NAME		124
Herman	Vinfield	Hurlock, S	r Annie	9	Wheat	ley
110. WAS DECEASED EVER IN U.	ES CINE WAR OR DATES	b. SOCIAL SECURITY NO		ADDRI D.+		J.
NO OK DAKAOWA)	ES. GIVE WAR OR DATES)	217-36-105	2 Ruth G. I	Hurlock Rho	1, Box 9	ND 21650
	DUE TO, OR A	S A CONSEQUENCE OF	UT NOT RELATED TO THE TI	erminal disease or con	DITION GIVEN IN PART	lia
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITIO	ON FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINI IN CERTIFYING CAUS YES	
	OF DEATH HOUR A.M.	NJURY MONTH DAY YEA	R	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2	2)
OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF (AT HOME STREET	INJURY FACTORY OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OUNTY	STATE
22a.1 certify that (1) (this saw the deceased all above (1) (we) (did) (c	~ /	f 19 PC.	and that in (my) (aur) apini	5, to	ate and have and from the	, that (I) (we) last he causes stated
22b. SIGNATURE	118	*	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	TE SIGNED
THE PHYSICIANIS MAME	RAFFE.	10	220 ADDRESS	4		
230. BURIAL, CREMATION, REMO	OVAL 236. DATE	23c. NAME OF	CEMETERY OR CREMATOR	23d LOCATION	COMM	STATE
Burial	7-21-8	35 Unity	Washington	n Hurloc	Dorches	ster, ND

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove corban popular with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

retained by the hospital or attending physician

injury, or other traumotic event,

MPORTANT: If them 21 is morked or them 18 shows any

Zeller Funeral Home, EastesNew Market, MD

Washington Hurley Dorchester, MD

130 DAIE RECO. BY REGISTRANDS REGISTRAR'S SIGNATURAND AND AUG 5 1985

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

100	pro-	-	1
Ö	REG. NO.	la	1
			-

1 - FOR STATE REGISTRAR	D	EPARTMENT OF HEALTH A		ENE 8 .5.	2 1	179
DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YEAR	R 26 HOUR
(TYPE OR PRINT) ALONZ	A LEE	INGERSOLL		7	7-21-1985	1:58 PM
SEX	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT		EAR IF UNDER 24 HRS
Male	White	oct. 4.	1905	79	YRS.	NOURS MIN.
BIRTHPLACE (STATE OF FOREIGNS COUNTRY) Laryland	76 CITIZEN OF WHAT CO	MARRIED NE	VER MARRIED DIVORCED	9 BALTIMORE CITY OF WICOMIC		
SALISBURY		NURSING HOME OR OTHER		12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Laborer	F WORKING LIFE) INDUST	MD. ID OF BUSINESS OR TRY
SUAL RESIDENCE (18 NURSING HOME) 30, STATE 136, COU Maryland Sol	UNITY . LI3E. CUTY	Cess Aniles	NO 🖺	Route #	ZIP CODE	4853
FATHER'S NAME Afronza	Thomas Ing	ersoll is mor	Jenny	MIDDLE	Smul	1en
WAS DECEASED EVER IN U.S. A		07-0972 Mrs	• Mollie	ADDRE Ingersol	Nouve	
7 1 //1 /4 4	DUE TO OR AS A CO	ING TO DEATH BUT NOT REL		NAL DISEASE OR CONI	DITION GIVEN IN PAR	T Ira
THE ACCREMIT WAS UNDERSTOND	19L CONDITION FOR	WHICH OPERATION WAS P	ERFORMED	MA AUTOPSY7	10h. IF YES, WERE FIN IN CERTIFYING CAUS YES.	
21st HULKY OCCURRED	HOUR A.M. MON	VIH DAY YEAR 19 21 LOX	CATION	ED TENNER NATURE OF HUMA		
27s.1 certify (1) (this hos	1111	d 1000 6/19	10 85	1/2/	1085	, that (I) (we) fast
DR. EARL M. B	Col Blints	DEGREE	ATTENDING PHYSICIAN DRESS	MEDICAL STAF	177. D	TE SIGNED -
30 BURIAL, CREMATION, REMOVA	Alternative Committee of the Committee o	23c NAME OF CEMETERY		123d LOCATION		
(SPECIFY) Burial	7/23/85	Allen		Allen.	Somerset	. N.d. STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

INPORTANT, IF IN

LATINERAL DIRECTOR

Princess

Allen,

Somerset,

Anne, Md.

R Kage We little from -

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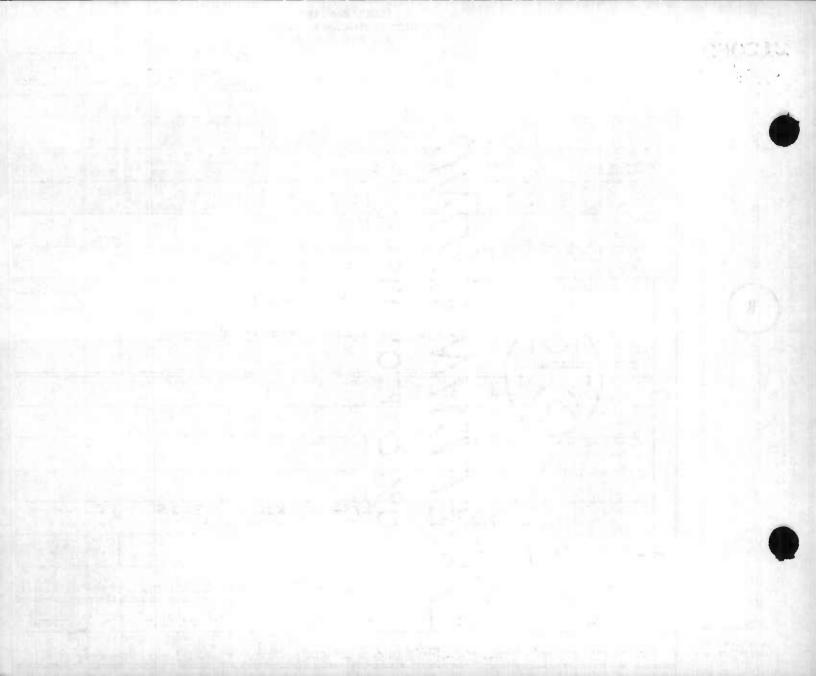
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Holloway Funeral Home, P.A., Salisbury, Maryland

(VRA 15. 4)

STATE OF MARYLAND



the £ 0

> DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

24. FUNERAL DIRECTOR CAMBRIDGE MD. FUNERAL HOME

23b. DATE

CIAN'S NAME (TYPE OF PRINT)

23a. BURIAL, CREMATION, REMOVAL

burial

(SPECIFY)

Dorchester Mem.Pk. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNACHRE guia Davidson-Mar

STAFF

ATTENDING

n. O.

23c NAME OF CEMETERY OR CREMATORY

MiO.

22e ADDRESS

MEDICAL

5. Division

PHYSICIAN DIRECTOR PHYSICIAN

2b HOUR

12b. KIND OF BUSINESS OR State

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

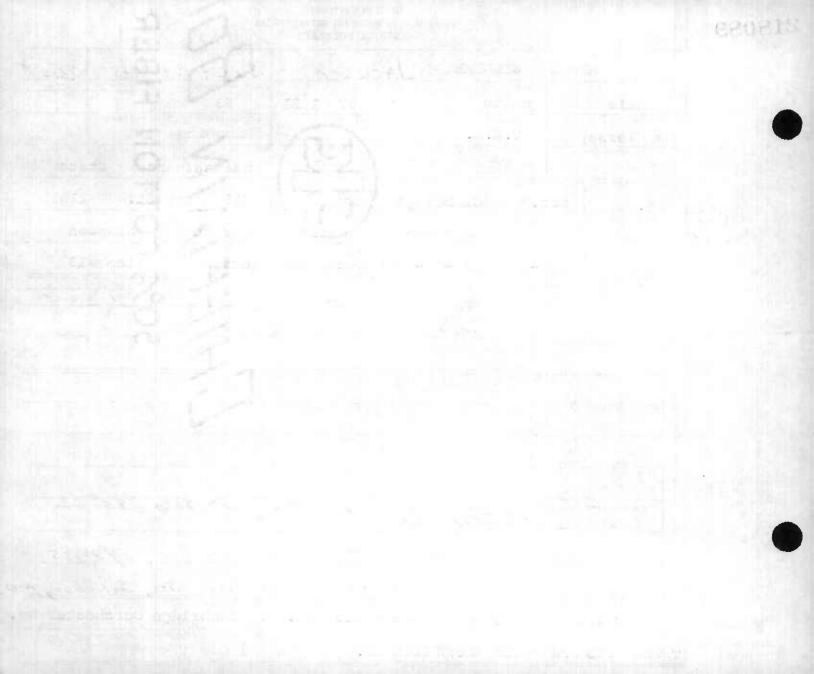
NO [

STATE

COUNTY

Cambridge Dorchester Md.

21613



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 210078 - STATE CERTIFICATE OF DEATH REGISTRAR 2n DATE OF DEATH DECEASED NAME TYPE OF PRINCIP MARIAN 6 AGE (IN EARS LAST BIRTHDAY) 5. DATE OF BIRTH MONTH 30 15 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN MARRIED A NEVER MARRIED COUNTRY) Wicomico WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Homemaker Peninsula General Hospital Salisbury 13g. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Md Somerset Chance YES X 15. MOTHER'S MAIDEN NAME FATHER'S NAME John Ada Jones 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) TYES, NO OR UNKNOWN) 215-26-4906 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Arrest andiac IMMEDIATE CAUSE (a) DUF TO OR AS A CONSEQUENCE OF Atheroschootic Vascular Olseas Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 90. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED CERT 21 a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY

21816 Rolan Parks Rd. Jones ADDRESS Norman Anderson, Hebron, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE STREET CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1. 22a I certify that (1)(this haspital) attended the deceased fram. saw the deceased alive on above (1) we) (did and not view the body after death. and that in (my Nour) apinian death accurred on the date and hour and from the causes stated 276 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME (TYPE OF 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 236, DATE 7/22/85 burial Bt. Charles Cem. Chance Somerset 24 FUNERAL DIRECTOR Rt. 3. Box 354 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Princess Anne, Md Leroy G. Webster

STATE OF MARYLAND

MONTH

DAY

YEAR

IF UNDER I YEAR

INDUSTRY

7h HOUR

12b. KIND OF BUSINESS OR

DHMH - 16 60M 7/B4

(VRA 15, 4)

CREAM

May - The street beauty to be -Le Sustante somme Common Land Common Common

BUILDING TO THE TOTAL PROPERTY OF THE PROPERTY OF THE PARTY OF THE PAR

203263

- STATE REGISTRAR 1. DECEASED NAME TYPE OR PRINTS

7af BIRTHPLACE

130 STATE

H FATHER'S NAME

COUNTRY

O CITY OR TOWN OF DEATH Salisbury USUAL RESIDENCE (IF NURSING HO

MAS DECEASED EVER IN U OPR UNKNOWN)

ST	ATE	OF	MA A	PY	AND	
31	AIL	Ur	m	AR I I	LAND	

FOR STATE REGISTRAR	DEPAI	STATE OF MARYL RTMENT OF HEALTH AND CERTIFICATE OF I	MENTAL HYGIENE	8 5 NO.	2	8 3
ASED NAME FIRST MILTO	N. SAMUEL	. Jones	20 0	TUY 6,1985	DAY YEAR	26 HOUR 0 13 OM
rale	A RACE	5. DATE OF BIRTH	19 YEAR 1 6. AC	74 YR		IF UNDER 24 HRS HOURS MIN.
HPLACE (STATE OR FOREIGN DUNTRY)	U, S. A	MARRIED MEVER	MARRIED VORCED	Wicomico	NTY OF DEATH	MD.
alisbury	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Peninsula G		10/9	PSUAL OCCUPATION		OF BUSINESS OR
ATE A A D 186 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEINTY REPSET CHAN		ITY LIMITS? PO	TREET ADDRESS / ZIP CO	TANEE	2/8/6 M.D.
5 AMUEL	MIDDLE JONES	S. SAZ,	SMAIDEN NAME	MIDDLE	WILS	ON
AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 2/9-/6-			ES. P.O. BOY. I	35,C/+17	NEE IMD
PART I. DEATH WAS CAUS	nly ane cause per the tat (a), (b), ED BY. TE CAUSE (a)		lung		APPROX	onset and Death
Canditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	level met	mes lagis		Dw	eus

gave rise to immedia cause (a), stating th underlying cause last

190 DATE OF OPERATION

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In

210. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

19

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

200 AUTOPSY

21d. INJURY OCCURRED WHILE NOT WHILE

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 211. LOCATION CITY OR TOWN

that (1) (we) last

STATE

NOF

saw the deceased of above, (f) (we) (girl) riew the bady after death. 226 SIGNATURE

DEGREE

PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated

22c. DATE SIGNED

274 PHYSICIAN'S NAME THE DEPART

22e ADDRESS

MEDICAL CENTER SALISBURY MO DIXOI DOGWIDOD

E. KENT CARNEY 234 BURIAL CREMATION, REMOVAL 236 DATE

230 NAME OF CEMETERY OR CREMATORY

24 EUNERAL DIRECTOR

220.1 certify that (1) (this haspital) attended the deceased from

cha Davidson-Randage

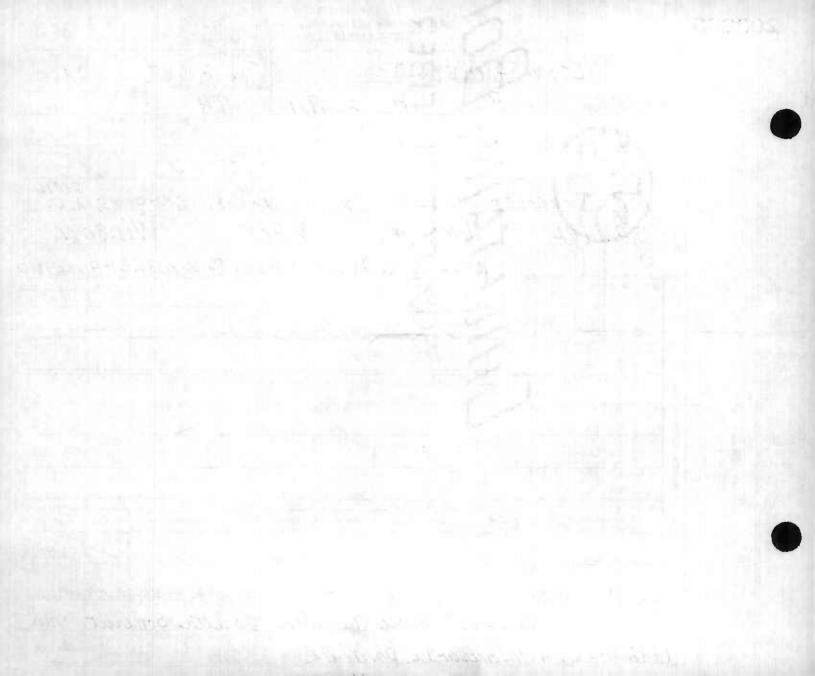
20b. IF YES, WERE FINDINGS USED

COUNTY

YES [

IN CERTIFYING CAUSES OF DEATH?

DHMH - 16 60M 7/84 (VRA 15, 4)



				STATE OF MARTLAND		
213008	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	BIENE 8 SEG. NO.	2 1 1 8 4
/	J. DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
\$ C \$ \$		R L	IDY	Tones		985 U830 N
po bo	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (INC) ARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
age 4 may be rector, page 3 urs ofter death		Male	3	SEPT, 15 1936	48	RS. MONTHS DAYS HOURS MIN.
once.	70. B	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH
de 2 = 10		MP	4.2.4.	WIDOWED DIVORCED	Wicomico	MC
hours offer of in by the filed with the notified		Salisbury	(IF NOT IN SUCH FACILITY, GIVE STREET Peninsula GE	ng home or other institution tabbress) eneral Hospital	120. USUAL OCCUPATION (TROP WORK FOR MOST OF WORK	176. KIND OF BUSINESS OR INDUSTRY
filled in I ould be f	USU 13a.	STATE 136 COU	E A /		13. STREET ADDRESS	HOHAWIS DR
mpletely ond 2 sho	14. F	ATHER'S NAME	MIDDLE LAST TONE	15. MOTHER'S MAIDEN NA		BUEKS
nd con ges dicole			RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	2 - 4 - 6 - 4
		YES	212-3	1-8270 Pearl H	mnoon-Cl	ana md. 2/816
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notice notice			DUE TO, OR AS A CONSEQU	JENCE OF	1	
e dea move notion troum		Conditions, if any, which gove rise to immediate	(b) Dee	mu disal	du	
that the by the sase rer sal, crem		cause (a), stating the underlying cause last.	Due to, or as a consecu	JENCE OF TREMEUS LE	us to alde	ded 10 da.
equires n signed Then plu to buri	z		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
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	FRC	176 DATE OF OPERATION	176. CONDITION TOK WHICE	TOPER TOPER TORMED	INC	ERTIFYING CAUSES OF DEATH?
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Aft Aft more more			pital) attended the deceased fram	17 - 11 , 19 85	_, to7-19	
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OR AT he hosp toched for toched for them?		22b. SIGNATURE		DEGREE		22c. DATE SIGNED
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DHMH - 16 50M 4/82	24 F	WEBSIER Fune	1 4 RA ADDRESS	Dr 201 PRO 1111	2 9 1985	EGISTRAR'S SIGNATURE
(VRA 15, 4)		URIDIER THUM	A TONE Trunces	marine mel JUL	4 9 1900 1 5 10 1	

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24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

BAKER AND BOUNDS

230 BURIAL, CREMATION, REMOVAL

Cremation

SALISBURY, MARYLAND

MO

DEGREE

23c NAME OF CEMETERY OR CREMATORY Delmarva Cremetory

22e ADD RESS

ATTENDING PHYSICIAN

Lewes" BY REGISTRAR 256 REGISTRAR'S SIGNATURE GUNA Davidson-Handales

23d LOCATION

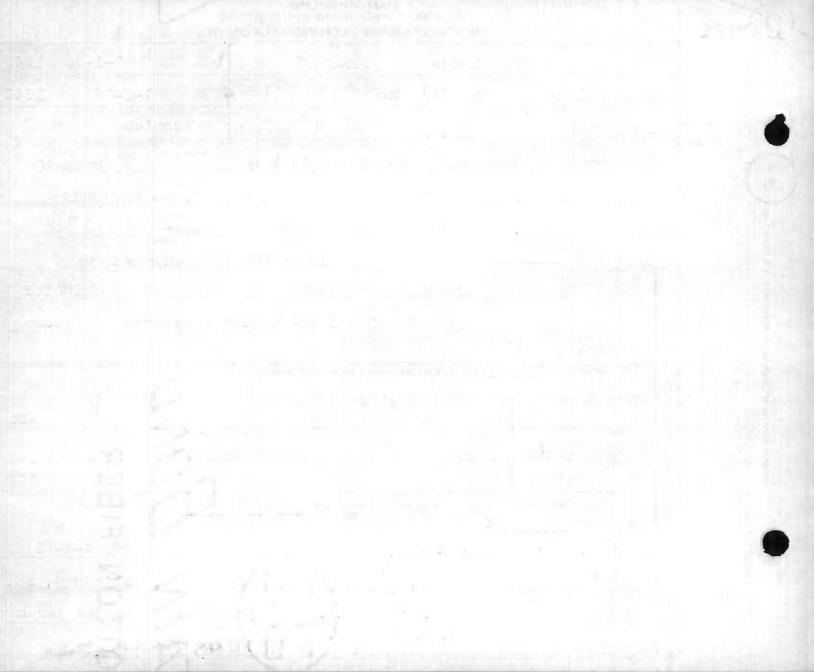
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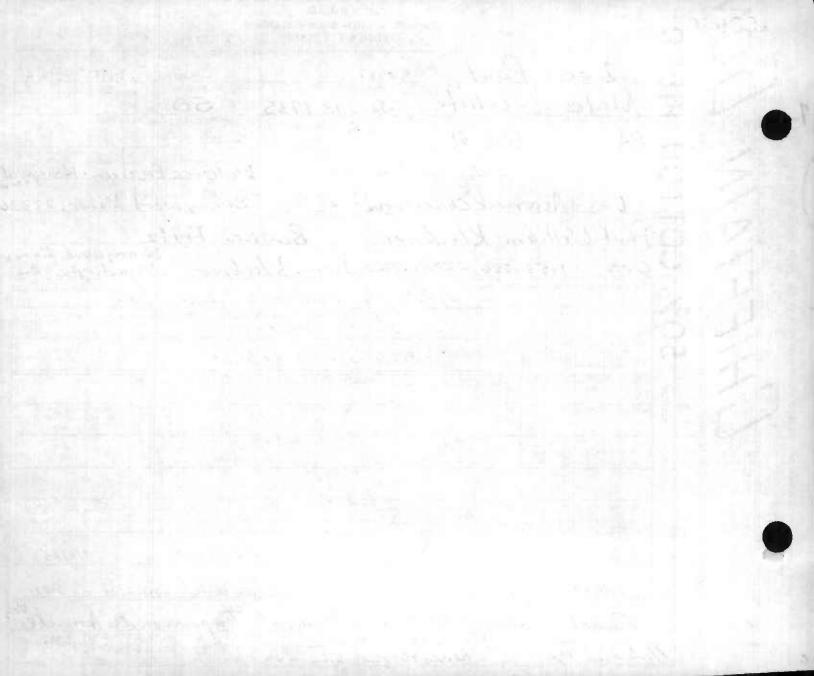
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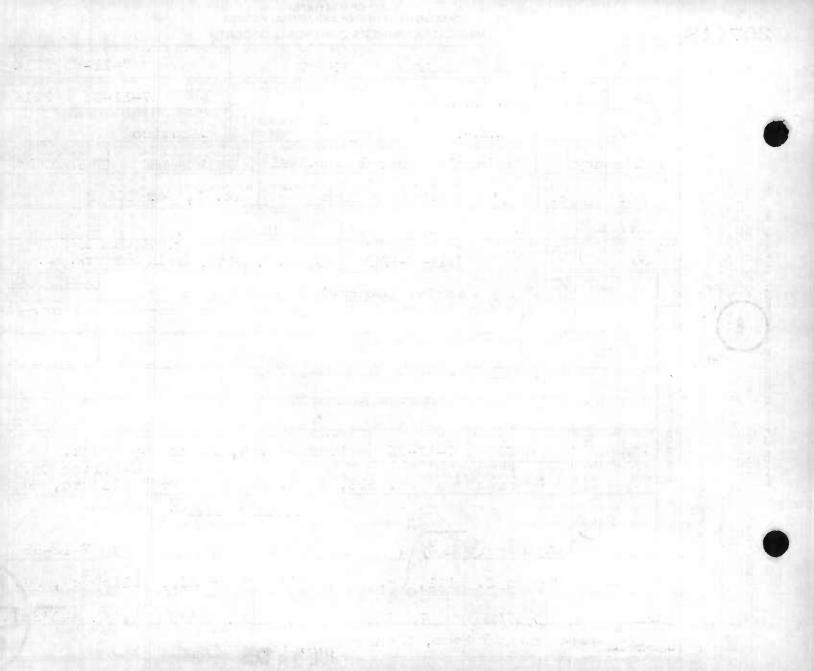
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9	20 × 0 -	16a \	WAS DECEASED	EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SE		17. INFORMAN			RESS		
BALTIMORE	SOS SOS		(ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)			Wilber	t Vina	COM	ne as	above	
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Windstand	HOURS 18. G WIT P		PARTIDE	ATH WAS CAUSED	BY:	Cardiac		vthmia				MINU	NSET AND DEATH
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>	S CE RDE 3	N N	WHILE C	NOT WHILE	STREET, FA	ACTORY, FARM, ETC.]		STREET		CITY OR TOWN		COUNTY	STATE
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	ME REPEA		death resulte	d fram: Natur	ol couses 💢,	Accident .	Suicide	, Hamicide	Unde	etermined monner			
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	EDIC NO. NE. S	1	EXAMINER'S	NAME			1					-	
	A DE CAR		(TYPE OR PRIN					ADDRESS_Pi		uff Rd.	, Sal	lisbury	Md.
	TO MEDICAL EXAMINER: THIS CERTIFICATE S EXCUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT SHOULD BE TO SHOULD BE TO SHOW THE STATE DEPARTMENT THE STATE OF THE STATE	23a B	SPECIFY)	10N, REMOVAL 2				OR CREMATORY	CIE	OCATION Y OR TOWN		OUNTY	STATE
	BP		BURIAL		7/6/85	Mt. Ca	alvary			ruitland			Maryland
	DHMH - 17		UNERAL DIREC			ss Rt.#2, 3	Jersey I	Rd. 25a.	DATE REC'D. 8			SSIGNATURE	
	(VR A15 ME (5)) 20M 4/82	J	DLLEY ME	MORIAL C	HAPEL	Salisbur	y, Md.	,	JUL 1 C	1985	ta Mund	m Bods	00



		STATE OF MARYLAND	
SCUSE	FOR 1 - STATE	DEPARTMENT OF HEALTH AND MENTAL H	TYGIENE O 1 1 8 8
	REGISTRAR	CERTIFICATE OF DEATH	8 REG. NO.
	1. DECEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
ge 3	Lee	Paul Kleckner	June 29,1985 0516 AM
D TO	3 SEX 4	RACE 5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
to sur	Male	White Jan 13-193	
Por Por	70 BIRTHPLACE (STATE OF FOREIGN 71	CITIZEN OF WHAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH
10	PA.	(1.5.2) WIDOWED DIVORCED	□ Wicomico MD.
2//	10 CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR
84	Salisbury	Peninsula General Hospital	Electronics Engereen - Honorue
20	USUAL RESIDENCE (IF NURSING TOME OR O		? 13. STREET ADDRESS / ZIP CODE 99900
80		mack Chinco league YES & NO [Sunnywood Manor 2333
12	14 FATHER'S NAME	15 MOTHER'S MAIDEN	NAME LAST
VB/		ing Kleckings Ber	tha Fritz
	160 WAS DECEASED EVER IN U.S. ARM	SED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS Sunnywood Man
112	(YES, NO OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES! 228-44-7900 Irene k	leckner. chinestergue, ve
12			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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17	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
14	<u> </u>		IN CERTIFYING CAUSES OF DEATH?
3/	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
6	an contraction Contractor		
1/	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 19 218 PLACE OF INJURY 211 LOCATION	
D		(AT HOME STREET, FACTORY, OFFICE FARM ETC.)	CITY OR TOWN COUNTY STATE
Nort	AT WORK AT WORK	Ill attended the decorated from 5 /39/85 10	8-1/13
	220 1 certify that (1) (this haspital saw the deceased alive an_	ii) differenced the perceased from	, ta
15.6	above, (l) (we) (did) (did nat)	view the bødy after death.	ian death accurred an the date and haur and tram the causes stated
1 2	226. SIGNATURE	DEGREE	22c. DATE SIGNED
# F /	Xeller 01/	(Baldalle) ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 7/1/85
ORTANT:	224 PHYSICIAN'S NAME (TYPE OR	PRINT) 22e ADDRESS	
SO/	HELEN M.	BALDADO MD 547-F RIVE	RSIDE DRIVE SALIBURY MD 21901
3 3	230. BURIAL, CREMATION, REMOVAL	23t NAME OF CEMETERY OR CREMATOR	
	(SPECIFY)	-t 11-20 T. 11 11	TOTAL STATE OF STATE OF
	24 FUNERAL DIRECTOR		DATE REC'D. BY REGISTRAR 850. REGISTRAR'S SIGNATURE
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tor.		Femal	.e	Whi	White		e 27,	1906	79 YRS MC			DAYS	HOURS MIN.	
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54 5413-	1 2	a BURIAL CREMA	TION REMOVAL		1	23c NAME OF			23d LOCA	TION	0.	707		
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DHMH - 16 60M 7/84 (VRA 15, 4)

Bradshaw & Sons

Crisfield, Md. 21817 250. DISPEC DE ZECISES 256 REGISTRAR SINGUATURE POLICE

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moy po	3 SEX		4 RACE	5 DATE		6. AGE (IN YEARS LAST BIRTHDAY)		JNDER 24 HRS
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ter d	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BU	ISINESS OR
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con con		AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	Hattie	ADDRESS	Camper 216	
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IAN: The physicion inficate in 18 specific and		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
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IG PHY attending the street of the burner of	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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TTEN Spital Spital For of H		sow the deceased alive or above, (1) (we) (did ald n	ot) view the body after death.	190	nd that in (my) (aur) apinion	death occurred of the date and ho	ur and from the caus	es stated
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BP	74 FI	Burial INERAL DIRECTOR	7-19-85	pernel	AME Cem.	Camb.,	Dor.	Md.
DHMH - 16 60M 7/84		.H. Boardley	812 Hubbardon	St. Cam	b. Md. 1111		TRAR'S SIGNATURE	2 3
(VRA 15, 4)			OLL MUDDALA	20.001		40 300	1 court	

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

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OF	DEATH	MONTH	DAY	YEAR	2b.	HOUR	- 7

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1	10 CIT	TY OR TOWN OF	DEATH		HOSPITAL, NU		R OTHER INSTIT	UTION	120 USUAL OCCUPAT	ON PRINCIPLE	126. KIND O	F BUSINESS	9
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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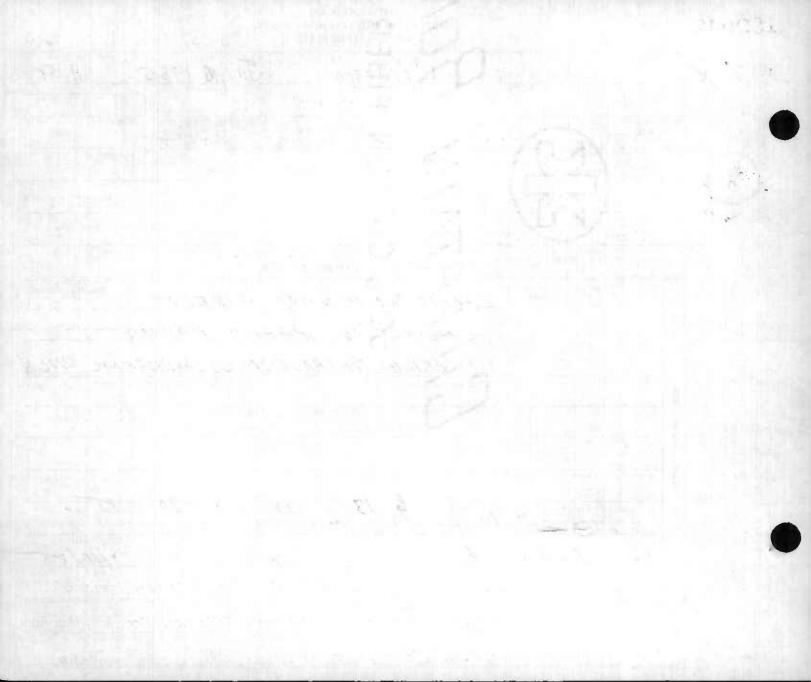
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STATE OF MARYLAND

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	BIRTHPLACE (STATE OF Delaware	FOREIGN 7b	CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUN	
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DHMH - 16 60M 7/84 (VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Maryland JUL



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DEPARTMENT OF	MEA

OF MARYLAND HEALTH AND MENTAL HYGIENE

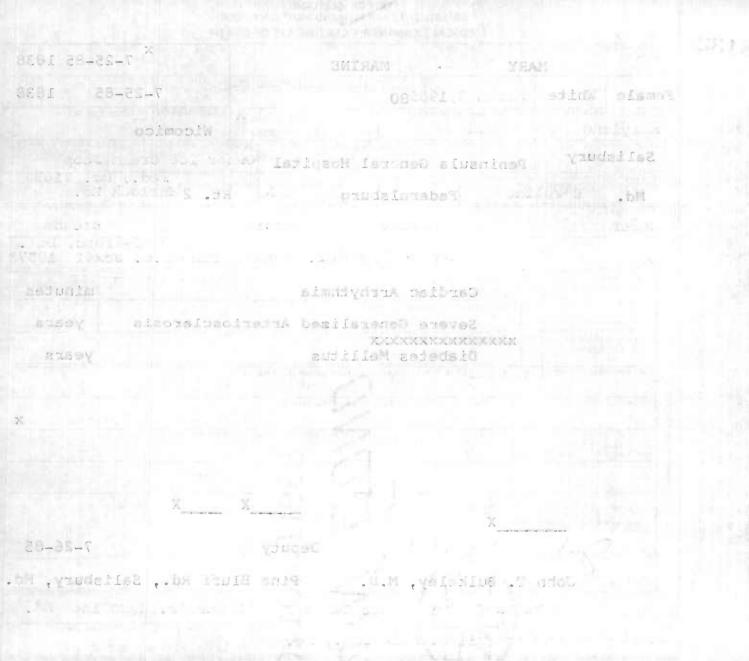
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ted with	14. F	George E	dward M	lajors		15. MOTHER'S MAIDEN NA Cora	Elizabeth		Bailey	
on ond c		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	213-12-		610 Grove St	reet, Delma	jörs (S r, Dela	on) ware 1	9940
not the death certificate by the attending physical see remove corbonapper), cremotion, or removal.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse lost	DUE TO, OR	AS A CONSEQUE	ENCE OF	aff-lun	y,		APPROX. BETWEEN	MANTE INTERVAL SYSET AND DEATH
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OR ATTENDING PH he hospital or others objectively. After this object of the other Dept. of Health and J If Item 21 is marked to	ME	WHILE NOT WHILE AT WORK NOT WORK NOT WORK NOT WHILE THE SAME AT WORK NOT WHILE THE SAME AT	(ATHOME STRE	SET, FACTORY, OFFICE, F	57	d that in (my) (our) opinion	to	, 15		
TO HOSPITAL retoined by th TO FUNERAL should be der, with the State IMPORTANT.	230	DR. EARL M.		102	//	PHYSICIAN E MAD DRESS CIVIC AVE AT EMETERY OR CREMATORY	PHYSIC	IAN 🗌	, MD.	21801
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(VRA 15, 4)	1	Hollóway Funero	l Home, F	A., Salis	bury,	Maryland	AUG 5 198	5 guila	, want don	-Name

	1			STAT	E OF MARYLAND			
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9 72 g		COUNTRY	USA	WIDOW	ED NEVER MARRIED	Mican	nico	440
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- the day		211	OF NOT IN SUCH EACILE	TY, GIVE STREET ADDRESS)		Homemal	ORKING LIFE) INDUS	wn Home
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278	130.	STATE 136	ME OR OTHER INSTITUTION GIVE RES	ITY OR TOWN	134 INSIDE CITY LIMITS?	Parkwood	IP CQDE	01001
Z (n) 22		MD V	Vicomico S	alisbury	YES NO	Parkwood	Apts.,	21801
日は一世紀日の	14. F	ATHER'S NAME	WIDDIE -	1465	15. MOTHER'S MAIDEN NAM			
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Mark And Cal		WAS DECEASED EVER IN U.	S. ARMED FORCES? 166 SO	OCIAL SECURITY NO.	17 INFORMANT	ADDRESS		
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BA cote		18 CAUSE OF DEATH (En	ter only one couse per line to AUSED BY	r (0), (b), grd (c).1	7-1.		BETV	PROXIMATE INTERVAL VEEN ONSET AND DEATH
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deoil deoil	1	Conditions, if ony, which		May Ce	refress vascon	W Hour	43	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 21 mours to attending physician. Wher this certificate has been signed by the attending physician and common the best structured has been signed by the ottending physician and common the permit. Then please remove corbon papers. Pages and the file that and Mental Hygiene prior to buriol, cremation, or removal.		gove rise to immedio couse (a), stating the	te DUE TO, OR-AS A	CONSEQUENCE OF		1	111	11
W you have	15	underlying couse los		salits!	Atundel	entre las	Lullan	la Desy)
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signing signing ben hen he ben he ben hen he ben	Z	1000	11/2/1	1000	TO THE TENN	THE DIOLAGE ON CO. P.		
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OR OR		sow the deceased ali-	ve on 7-15	19 85 .	nd that in (my) (our) opinion o	leath occurred on the date	and hour and from	
AT AT COSP OF		72h_SIGNATURE	hid not view the body other d	leath.	DEGREE		122, 0	ATE SYCINETY
Pe Day		Makac	. (900	MALL	AA A ATTENDING	MEDICAL STAFF	1/	COL. G
by the by the by the by the by the best of	-	1 roge you	u my	1,10,00	PHYSICIAN [DIRECTOR PHYSICIA	N D	6 Juny 03
P S S S S S	1	224 PHYSICIAN'S NAME	(TYPE OR PRINT)	11,0	22e. ADDRESS	1. 1.	110	21886
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TO HOSPITAL retoined by TO HOSPITAL TO FOREMAN should be deal with the Stote IMPORTANT		BURIAL, CREMATION, REMO	OVAL 23b. DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	una	July 1
PD TO HOS should with the With the MADRI		BURIAL, CREMATION, REMO				23d LOCATION CITYOR TOWN WOOdlawn	COUNTY	MD STATE
		Burial	235. DATE 7/18/85 ary W. Jenk	5 Wood	llawn	23d LOCATION CITYOR TOWN WOODLAWT EREC'D. BY REGISTRAN 251	*	MD

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odlawn, NB	.co pac	7 Turkes Wa W. solding & S Sollo, MD	1 4 1	

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5 REGISTRAR 218132 1. DECEASED NAME 20. DATE KNOWN XT 2b. HOUR (TYPE OR PRINT) 7-25-85 S HOCESSARY, PLEASE FUNERAL DIRECTOR. S FOR YOUR FILES. D, WITHIN 72 HOURS DEATH MATED MARY MARINE 6. AGE (IN YEARS IF UNDER 1 YR. 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR 2c. DATE 3, 190580 YRS PRONOUNCED 1838 White Female 70. BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTBY IISA Maryland Wicomico WIDOWED [DIVORCED PAGE 5 FILED, 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Owner Tee Shop INDUSTRY Salisbury Cream Peninsula General Hospital Fed., 21632 13d INSIDE CITY LIMITS? ... 13e. STREET ADDRESS 13a STATE 2 Hurlock Rd. Federalsburg YES Md. 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Bessie Brown Homer Marine 17 INFORMANT ADDRESS Seaford. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES Mr. Wayne Marine P.O. Box41 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cardiac Arrhythmia minutes DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Severe Generalized Arteriosclerosis years gave rise to immediate cause (a) stating the under-lying cause last. Diabetes Mellitus years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO. 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM T8 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK Inspection X 220. I certify that I took charge of the remains described above, held on Autopsy death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) PAGE 4 SH. TO FUNERALD AFTER DEATH 7-26-85 Deputy SIGNATURE EXAMINER'S NAME ADDRESS Pine Bluff Rd., Salisbury, Md. John T. Bulkeley, M.D. 23d LOCATION Burial Federals. Caroline NAS . 7-29-85 Hillcrest Cemeterv BP Williamson Funeral Homes. Main Fed., M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ATE OF	OF ATU	ALCONIT.		DAY	VEAL

ŀ	1.5	REGISTRAR			CERTIF	ICATE OF DEATH	3 REG. NO	0. 2		9 1	
Ì		CEASED NAME FIRST	Fran	WIDDLE L	m	A DE MAIN	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
l				ν.	1111	4 R > H B F F	JULY	23	1965	0950	Μ
ı	3 SEX		Cauca	ainn	5. DATE (6. AGE (IN YEARS LAST BIR	MON1	THS DAYS	HOURS MIN	-
ļ		ıle			09	17 13	71	YRS.			
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH		
	Ne	w Jersey	U.S.A	•	WIDOW		Wicomico			N	ND.
1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI		12b. KIND O	F BUSINESS O	R
1	Sal	lisbury		la Genera		pital	musician			er	
	13a. S	TATE NIL COL		GIVE RESIDENCE BEFORE 134 CITY OR TOW Berlin		13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS . 4 Lakeha	zip code /	/2181 raile		
1	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAST	T	П
ł	Wi	.lliam	S.	Marsh	all	Irene	Mary	Y	Denr		
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	5 ADDRE	kehave	en Tr	railer	_
1	Ye	WW.				Frank Ma:	rshallpk	Berl		MD 218	1
ı		18 CAUSE OF DEATH (Enter of	only one couse per	ling to lot, (b), one	d (C) 1	/	/			MATE INTERVAL	=
ı		PART I. DEATH WAS CAUS	ED BY. ATE CAUSE (0)	(our	cen	onn &	1 ver				
ı		IMMEDIA		R AS A CONSEQUE	Lorens	1.			77-5-7		_
ł		Conditions, if any, which	DOE TO, O	M S A LONSEOUE	Salor	monthere					
۱		gove rise to immediate couse (a), stating the) 10,_			10					_
۱		underlying couse lost.	DUE 10, 0	r as a conseque	INCE OF						
ł		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DE ATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVEN	IN PART 115	0	=
۱	NO O		_	\cap							
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W			_
	TIFE	7-10		inho	1 5L	enosis	YESTI NON	TIN CERTIFYIN	_	OF DEATH?	
1	CER	210 ACCIDENT WAS UNDERLYING	216. TIME C			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	I OR PART 2)		_
ı		OR CONTRIBUTING CAUSE OF D	EATH	M. MONTH DA	YEAR	311111111111					
ı	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION					-
I	M	WHILE NOT WHILE AT WORK	(AT HOME, STI	REET, FACTORY OFFICE F.	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE	
ı		220 I certify that (I) (this has	nutal) attended th	e deceased from	10-	27 10 85	10 7-3	3 10	85	that (I) (we) la	et
I		sow the deceased alive of above, [1] (we) (did) (did)			25.	nd that in (my) (our) opinion	death accurred on the de	ate and hour on			
I		27b. SIGNATURE	int view the body	offer/death.		DEGREE			22¢ DATE	SIGNED	_
1		11/	1. /	Y. 11.		ATTENDING	MEDICAL STAI		2.	73-81	
1		124. PHYSICIAN'S NAME (TYPE	OR PRINT)			PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSIC	ENTE			-
		F WHIT	1	Pali	1/	00	awood D	RIVE	/		
1	230 0	BURIAL, CREMATION, REMOVA	L Tab DATE	A IV E	IAME OF	SALETERY OR COPY ASSOCI	123d LOCATION	m	21	100/	=
		specify) emation	7/24/			CEMETERY OR CREMATORY	CITY OR TOWN		OUNTY	STATE	
1	~_	Chia CTOII	1// 44/	oo ne.	Lmary	va Cremator	7 T.OTTOG	Susse	V	DE	

DHMH - 16 60M 7/84

BP.

MPORTANT: If Item 2 should be detach

(VRA 15, 4)

24 FUNERAL DIRECTOR W. Kirk Burbage, 108 Wms. St., Berlin, MD

7/24/85

Delmarva Crematory Lewes Sussex. DE

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STATE OF MARYLAND

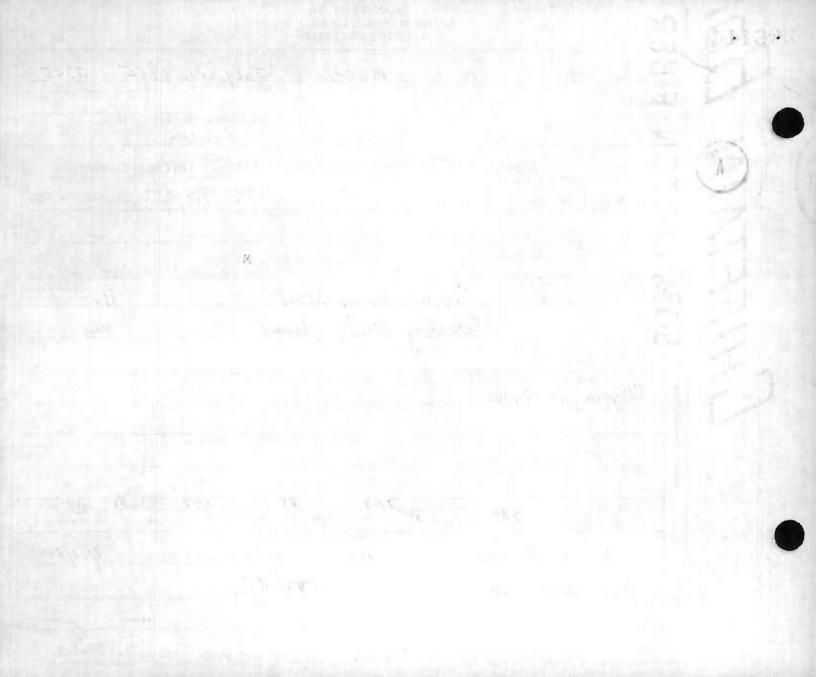
DEPARTMENT OF HEALTH AND MENTAL HYCIENE

8	REG. N	10.	2		1 9	8
E OF	DEATH	MONTH	DAY	YEAR	26 HOUR	

,	1 -	STATE REGISTRAR			DEI ARTH	CERTIF	ICATE OF	DEATH	OILINE	8 RED.N	0. 2		1 9	8
/		EASED NAME	FIRST	,	MIDDLE	l	AST		20 DATE	OF DEATH	MONTH E	DAY YEAR	26 HOUR	
	. 7/4		Hazel		Α.	1	nART	in	Jul		1 ()	35	234	
		emale		4 RACE Whit	ce	5 DATE C	D ÎŬ	624	6. AGE	80		IF UNDER I YEAR	HOURS	MIN.
		THPLACE (STATE OF	R FOREIGN	16 CITIZEN OF	A.	MARRIE WIDOWE	D NEVE	R MARRIED		icomi	3	OF DEATH		MD.
2		lisbury	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A Sula Get	ADDRESS)			TYPE OF V	AL OCCUPATION OF CORE OF CORE		126. KIND C INDUSTRY Clerk		SS OR
2	USUA	L RESIDENCE (IF NUE		OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)					011100	CICIK	-	_
2	-	Maryland	Mic	omico	Salisb	nry	YES 🗌	NO [Apt Sal	T ADDRESS B 312 isbury	ZIP SOPE Md	River	side	Dr.
1		THER'S NAME FIRST Jray	No	WIDDIE	Amrine			r's MAIDEN NA Duella	AME	WIDDLE		LAS		
		AS DECEASED EVEL		MED FORCES? E WAR OR DATES)	285-24-		Mr. 47	Robert Orangew	A. Ma	rtin r. Lev	ittowr	Pa. 1	9057	
		18 CAUSE OF DEATH (Enter only one cause per line for a), (b), and (c) PART I. DEATH WAS CAUSED BY:							MATE INTERV	AL DEATH				
	7		IMMEDIA	E CAUSE (o)	4	1	my.	Volumi				· · · · ·	-	
1		Canditians, if any	y, which	(1b)_	Timan	W ~	leant	Dusia	in _			YK	8	
		gave rise to im cause (a), stati underlying caus	ing the	DUE TO, OI	R AS A CONSEQUE	CE OF								
	Z	PART 2 OTHER SIG	NIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELAT	D TO THE TERM	MINAL DISE	ASE OR CON	DITION GIV	EN IN PART 1	a	
1	CERTIFICATION	19a DATE OF OPERA	ATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERI	ORMED	200 AI	JTOPSY?		, WERE FINDING CAUSES		
-		OR CONTRIBUTING	CAUSE OF DEA		M. MONTH DA	Y YEAR	21c HOW	INJURY OCCUR	RRED (ENTER	NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)		
	MEDICAL	21d INJURY OCCUP	RRED	21e. PLACE			21f LOCAT			CTTY OR TO	WN	COUNTY	STA	ATE
		22a I certify that (I	l) (this hospi	and lane	19	7/	17 nd that in (m	19 8) apinion	, to_	rred on the de	ate and hour	and from the	tem li (w	
		226. SIGNATURE	and d	M. Ca	AAA	17/8	DEGREE	ATTENDING	MEDIC	AL STA		22c. DATE	SIGNED	-
1		226 PHYSICIAN'S N	IAME TYPE C	R PRINT)	· VI /		22e. ADDR	PHYSICIAN-	DIRECTO	JR PHYSIC	IAN	t	170	_
		D.M	·WU	10, MIL				Roll	MC					
	23 e . Bt	URIAL, CREMATION		23b. DATE				RCREMATORY		CATION CITY OR TOWN		COUNTY		ATE
	24 FU	Cremation NERAL DIRECTOR)	07/2	22/85 S	alisb	ury Cr	ematory 250. DA	TE REC'D. B	alisbu Y REGISTRAR		LCOMICO RAR'S SIGNAT		ylan
		olloway F	unera	Home P	A. Salish	HIPV	Md.	-	u- 0 0	4005	9. 0. K		ande 12	
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

B REGINO.

-16	1	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO		2		9
8		CEASED NAME E OR PRINT)	WILL.	TAM	A.	MA (1	ARTIN)	√ JR.	20 DATE OF	DEATH N		PS YEAR	2b. HO!	J O M
	E SEX	Male	11.	4. RACE	e	S. DATE C		1916	1300	EARS LAST BIRTH	YRS	IF UNDER I YEA		R 24 HRS MIN.
5	70. BI	RTHPLACE (STATE COUNTRY) aryland	E OR FOREIGN		WHAT COUNTRY	? 8. MARRIE WIDOWE		MARRIED		RE CITY OR		OF DEATH		MD.
2		lisbury		(IF NOT IN SU	HOSPITAL, NURSI CH FACILITY, GIVE STREE	T ADDRESS)	Hosp		120 USUAL C	OCCUPATIO	N		of BUSIN	
2	130 S Ma	ryland	136 0	OR OTHER INSTITUTION	136 CITY OR TOV	RE ADMISSION)	13d. INSIDE (NO [13e.STREET A				(2181	17)
0		Willia		MIDDLE	Martin,	Sr.	F	s maiden na lorence		WIDDIE		Res	AST h	
5	()	WAS DECEASED E YES, NO OF UNKNOWN		GIVE WAR OR DATES)	213-14-		Mary	Ruth M	artin	Same		3 a,b,	c,d,e	9
	NC	Conditions, if gove rise to couse (a), s underlying c	ony, which immediate stating the ouse lost.	DUE TO, C	ONTRIBUTING TO	JENCE OF JENCE OF JENCE OF	1	eardia ther	oscles		,	EN IN PART	110	
9	CERTIFICATION	19a DATE OF OP	ERATION		ITION FOR WHICE	H OPERATIO	N WAS PERFO	DRMED	200 AUTO	PSY?		, WERE FIND YING CAUSE		TH?
	MEDICAL CER	210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY 21d IN JURY OCCUMENTS IN A TWORK A	CAUSE OF	NER) P		DAY YEAR 19	211 LOCATI	ON	RED (ENTER NA	TURE OF INJURY		COUNTY		STATE
		2/1/85							E SIGNED	toted				
	23n. B	22d PHYSICIAN	HE	DA.	122	NAME OF C	22e ADDRE	4 0 1=	SAL SAL	15 BU	SHO RY.	RE L M.D.	218	E .
		Burial	OIT, KEMOV	7/7/8			dge Ve			Sfield	i S	omerse	t N	Md.

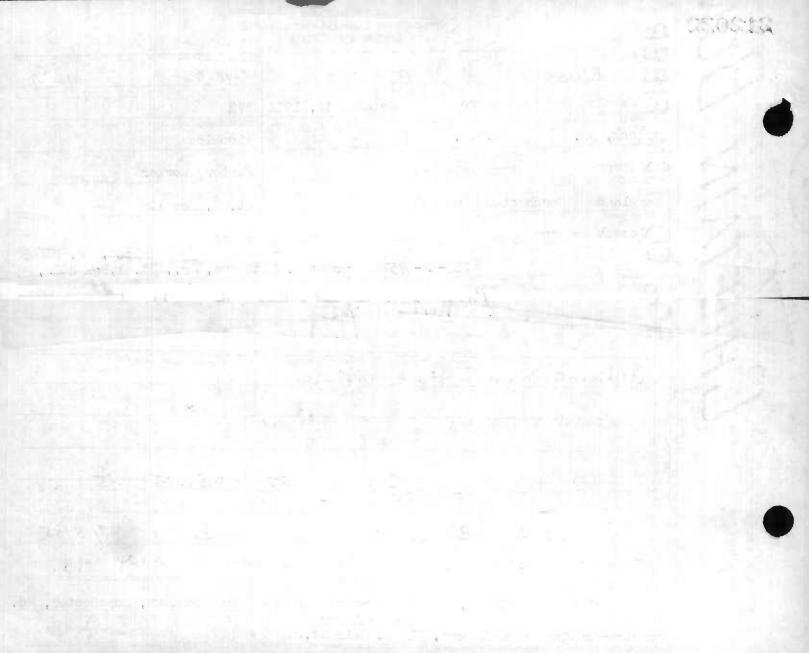
DHMH - 16 60M 7/84

24. FUNERAL DIRECTOR Bradshaw & Sons (VRA 15, 4)

Crisfield, Md. 21817 JUL 0 9 1985

TOTAL TANK YOUR DESTRUCTION OF THE RESERVE 90 LIPF , 4 KM MILE (Vising level described it cos a laterated discount that libra. 1. keriin, 7. keronos a distributed and mar land in the contract of Will datumed Basician protests objects the Trees of the contract of the c

212022	FOR 1 - STATE REGISTRAR 1. DECEASED NAME FIRST	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 REG. NO. 2 2 U U
3 the 3	(TYPE OR PRINT) Elizab		MAHhews Is. Date Of RIRTH	20. DATE OF DEATH MONTH DAY YEAR 25 HOUR 7-15-85 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 21-198
4 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Female	Negro	October 12, 1912	
Other Park	Hurlock, Md.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Wicomico MD.
130	Salisbury	River Walk Mane	or	Tre USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Factory Worker Factory Factory
35	130. STATE	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY ISC CITY OR TOW Hurlock	N 13d. INSIDE CITY LIMITS? YES NO A	Rt. 2, Box 126 2/643
-040	Joseph Sampson	MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST EVA Mae	MIDDLE
Imoge (in the second of the se	160 WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) {IF YES GIT	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 213-14-6	RITY NO. 17 INFORMANT	ADDRESSHURLock, Md. 21643 atthews, Jr., Rt. 1, Box 202E,
Scoops, 201 W. PRESI town requires that the de- similar than places entirely prior to buriel, committee s ony when year other trans-	-	levotic Hear		WINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL RECORD ING PHYSICIAN: The list returned physicion. Wher this certificate hos been os the buriol-transit permit and Mental Hygiene print orked or item 18 shaws or relief.	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LETTER NOTIFY MEDICAL EXAMINE 710. INJURY OCCURRENT	P.M. 11e PLACE OF INJURY	AY YEAR 19 216 LOCATION	YES NO YES NO NO COUNTY STATE
TO HOSPITAL OR ATTENDING PH retoined by the hospital or otheric TO FUNERAL DIRECTOR. After this should be detached for use as the k with the State Dept. of Health and IMPORTANT: If them 21 is marked a	77e I certify that (Fithis hosp sow the deceased alive or obove, IF (we) (did) (did) 77b. SIGNATURE	C Hill &	ond that in (and (aur) opinion DEGREE M D ATTENDING PHYSICIAN	medical staff Directors Physician Directors ALLSBURY Md,
BP Short	730 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	L 236 DATE 23c. P	NAME OF CEMETERY OR CREMATORY	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BATTIMORE, MARYLAND 2120	TENDING PHYSICIAN. The low requires that the death certificate be executed within 2 hauss- ital or attending physician.	OR After this certificate has been signed by the offending physician and complessly tilled to
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STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	- STATE REGISTRAR	CERTIFICATE OF D	EATH 8	REG. NO.	2 0 1
	DECEASED NAME FIRST MIDDLE	LAST	2a DATE OF D	EATH MONTH DAY	YEAR 26 HOUR A
L	Georgeanna	McCall	July	9, 1985	X:05 M
3	female black	5. DATE OF BIRTH MONTH DAY July 29.	1903 81	RS LAST BIRTHDAY) IF UNDER	DAYS HOURS MIN.
1	North Carolina USA	COUNTRY? 8 MARRIED NEVER A	_ 9 BALTIMORE	CITY OR COUNTY OF DEA	MD.
	Salisbury Deer Sach	TAL, NURSING HOME OR OTHER INST	(TYPE OF WORK FO	CCUPATION 126 K DR MOST OF WORKING (1FE) INDU	KIND OF BUSINESS OR USTRY
	laryland Worcester B	erlin yes	но <u>в</u> Rt. 4	Box 176	21811
1	4 FATHER'S NAME FRIST GEOTOP P. MIDDLE Dyer		MAIDEN NAME Janie	MIDDLE But	ts
Į.	(YES, NO OR UNKNOWN) (# YES, GIVE WAR OR DATES)	OCIAL SECURITY NO. 17 INFORMA 2/07/7747-D Mance	e McCall Jr.	Berlin, N	x 176 Md. 21811
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	CONSEQUENCE OF	TO THE TERMINAL DISEASE C	DR CONDITION GIVEN IN P	ART 110
1	19a. DATE OF OPERATION 19b CONDITION F	FOR WHICH OPERATION WAS PERFO			FINDINGS USED AUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. N (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJ	ONTH DAY YEAR 19		TEOF INJURY IN ITEM IS PART I ORP	
	27a. I certify that (I) (this hospital) attended the decessor with deceased alive an above, (I) (we) (did) (did not) view the body after deceased.	on the date and hour and fra			
	22d. PHYSICIAN'S NAME (TAPE OR PRINT)	F		STAFF PHYSICIAN	7-9-5
	KYUNG OOK YOON M.I		Head Center,		id. 2185
2:	36 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Rurial 7/13/85	Golden Acres	CITY ON	IOWN COUNTY	DEATE

Millsboro, Del.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

July 9, 1905 1:06

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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24	day	
V	RECTIO.	

FOR - STATE REGISTRAR DECEASED NAME

TYPE OR PRINTS

3 SEX

CERTIFICATION

MEDICAL

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Hygi

212071

CERTIFICATE OF DEATH

	REGINO.	flion I		0.74	
LAST	20. DATE OF DEATH MONTH	DAY	YEAR	2b HOU	JR .
ISTER	7-1	2-85		2:50	Р
E OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	1 YEAR	IF UNDER	24 HR
8" १५ ०प	80	MONTHS	DAYS	HOURS	MIN

Male To BIRTHPLACE (STATE OR FOREIGN COUNTRY Vienna, MD

76 CITIZEN OF WHAT COUNTRY? USA WIDOWED

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

SALISBURY NURSING HOME

0.

9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

WICOMICO COUNTY 12b. KIND OF BUSINESS OR Tupe of work for most of working life) INDUSTRY Circuit Court

SALISBURY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 3a. STATE

IN CITY OR TOWN OF DEATH

HIS COUNTY Vienna Dorchester

White

13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

Sara

Race Street/21869

MIDDLE

FATHER'S NAME FIRST

Vewton 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(IF YES, GIVE WAR OR DATES)

JAMES

4 RACE

McAllister 166 SOCIAL SECURITY NO

214-03-6310

MCALI.

17 INFORMANT

Mable McAllister Vienna. ND 21869

Holder

APPROXIMATE INTERVAL

NO [

STATE

18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, if ony, which

gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF EMFATIA

MELLITUS

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

190 DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING T CAUSE OF DEATH 21d INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM 10

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

200 AUTOPSY?

NO

CITY OF TOWN

(IF EITHER NOTIFY MEDICAL EXAMINER) NOT WHILE WHILE

21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

and that in (my) (our) opinion death occurred on the date and hour and I om the causes stated

YES [

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

22a Leertify that (I) (this hospital) attended the deceased from, sow the deceased alive on. obove, (1) (we) (did) (did not) view the body ofter death 22h, SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

22e. ADDRESS

RT.50 & CIVIC AVE, SALISBURY 21801

FUNERAL old be deto

IMPORT,

DHMH - 16 60M 7/84 (VRA 15, 4)

DR. WILLIAM ROBINS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 7-16-85

236 NAME OF CEMETERY OR CREMATORY St. Paul's

23d. LOCATION CITY OR TOWN lienna.

Dorchester . MD

24 FUNERAL DIRECTOR Zelfer Funeral Home, East New Market. MI

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

THE PROPERTY . CARLET

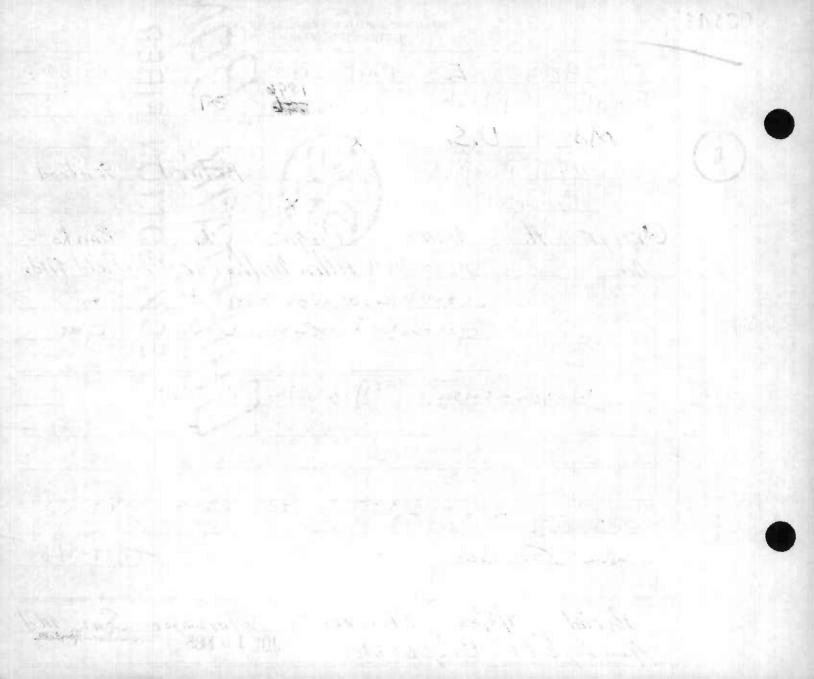
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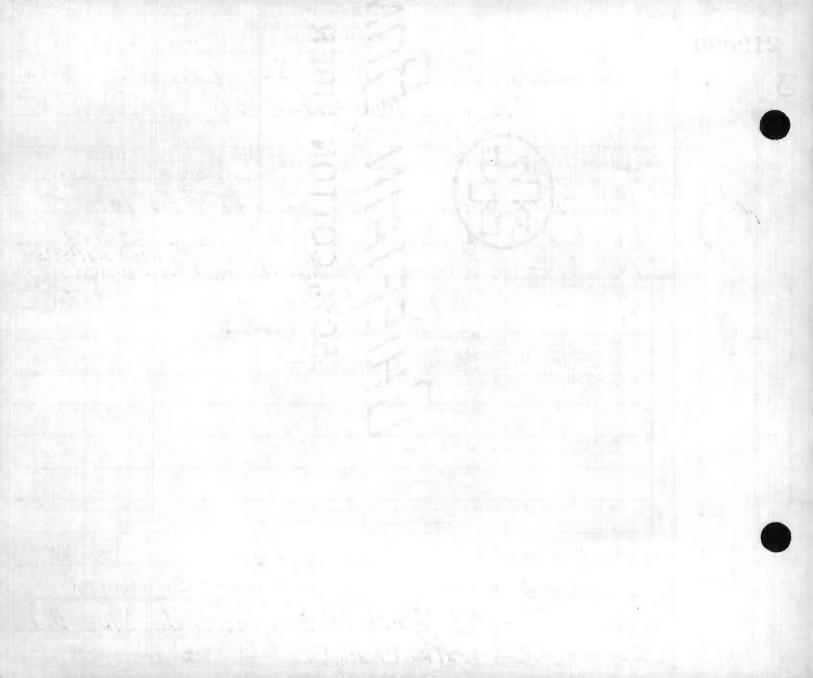
141 , FOR	DER 4 DYME	STATE OF MARYLAND	APAIP	
- STATE		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 RE.NO. 2	120
T DECEASED NAME FIRST	nie E,	milbourne		3 85 830
Female	A RACE Black	PATE OF BIRTH MONTH DAY DAY DAY	6 AGE (IN YEARS LAST BIRTHDAY) 89 YRS	IF UNDER 1 YEAR IF UNDER 24
78. BINTHPLACE INTOTALONION COUNTRY	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED NIONEL NI	BALTIMORE CITY OR COUNTY	
Salisbury	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADI	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION ITYPE OF WORK TO WOOD OF WORKING LIF	
13 STATE Md. 13co	ROTHER INSTITUTION GIVE RESIDENCE BEFORE AS NTY NETSET 136 CITY OR TOWN NESTOV	er 13d Inside City Limits? YES □ NO X	13e.STREET ADDRESS / ZIP CODE	45 2181
PAGEOTGE	H. Miles	15 MOTHER'S MAIDEN NA.	WIDDSE	BAN ts
WAS DECEASED EVER IN U.S. /	VE WAR OR DATES) VE WAR OR DATES) 213-05-4	1/1/11/11/11	ADDRESS Cri	s Field me
PART 1. DEATH WAS CAU	nly one couse per line for (a), (b), and (ED BY: TE CAUSE (a)	nevascular	accident	BETWEEN ONSET AND DE
Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUEN	Gord arteri	welenosu	yrs
E b coute is:, stating the underlying couse last	DUE TO, OR AS A CONSEQUEN	CEOF		
	conditions contributing to de	Miabetes	Mellitur	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED	INCERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF I	ATH HOUR A.M. MONTH DAY	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART) OR PART 2)
(IF EITHER NOTHY MEDICAL EXAMIN	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARA	A ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STAT
	itàli attended the deceased fram	, and that in (my) (our) opinion	death accurred an the date and hou	19 the (I) (Ve)
226. SIGNATURE	3 Julady	DEGREE ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED -4-8
		22e ADDRESS		
HYSICIAN'S NAME (TYP	OR PRINT)	Me ADDRESS		

(VRA 15, 4)

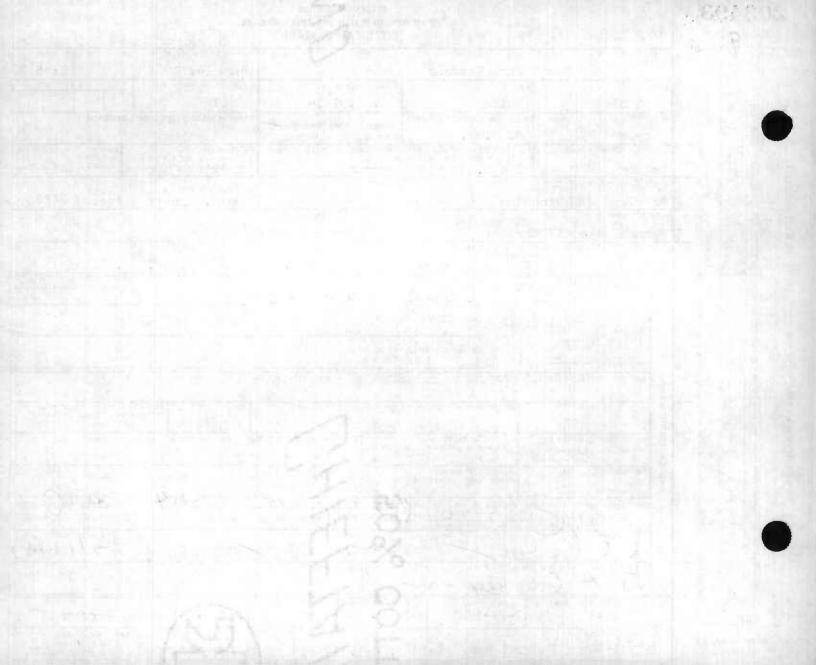
Anthy E. War Crispell Mo.

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70	1 DE	REGISTRAR CEASED NAME	FIRST	,	MIDDLE		LAST	-	20. DATE OF DEATH MONTH DA	AY YEAR	12b HOUR		
noy be		OR PRINT)	asil	Earl Pa	arsons			100	July 14, 1985		1:45 PM		
moy er de	3. SE.			4. RACE		5. D	ATE OF BIRTH			FUNDER I YEAR	IF UNDER 24 HRS		
ge 4	1	Male		White		Fel	7, 1924	YEAR	61 YRS.	DNIHS DAYS	HOURS MIN.		
Pogs . Pogs	7a. B	RTHPLACE (STATEORFO	RIGN	16 CITIZEN OF	WHAT COUN	ITDV2 8	RRIED A NEVER MAR	RRIED	9. BALTIMORE CITY OR COUNTY O	OF DEATH			
de of the state of	Maryland			U. S.		WID	OWED DIVOR	RCED 🗌	Wicomico		MD.		
ofter of the fi		ITY OR TOWN OF DEAT	Н		H FACILITY, GIVE	STREET ADDRES		JION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Security Guard	INDUSTRY	of Business or beake Food		
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ND 24 F			Wico	mico	13c. CITY OR De 1:		YES X NO	O [204 S. Maryland	Ave.	21875		
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BALTIMORE, MARYLAND 2: cote processor annin 24 ho specification of should be wol. it the method secrebity	(E WAR OR DATES)	16b. SOCIAL				ADDRESS	- 3-1			
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hysic pope sovol.		18 CAUSE OF DEATH PART I. DEATH WAS	Enter on S CAUSE	ly one couse per D BY:	line for (a), (b	b), and (c)	canc	0.		BETWEEN	XIMATE INTERVAL I ONSET AND DEATH		
N ST.		I/	AMEDIA1	E CAUSE (o)		7		20					
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the of th		gove rise to imme	diote	DUE TO O	R AS A CONS	SEQUENCE	OF.						
		underlying couse	lost	(c)									
DIVISION OF VITAL RECORDS, 201 NG PHYS/CIAN: The low requires the other dring physicion. The this certificate has been signed to sthe buriol-tronsit permit. Then plea the and Mental Hygiene prior to buriol, orked or them 18 shows ony injury, or	Z	PART 2 OTHER SIGNI	FICANT	CONDITIONS CO	ONTRIBUTING	G TO DEATH	BUT NOT RELATED TO	THE TERMI	NAL DISEASE OR CONDITION GIVE	N IN PART 1	0		
ECOR ow res ow res ow res on rimit. I	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED						ED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED				
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TEND fol of or use	3	22a. certify that (I) (t	Elfre on	7/	10	19	, and that is my) (our	ır) opinion d	leath occurred on the date and hour	and from the	couses stoted		
RECTION OF THE POSPIT OF THE P		23 SIGNATURE	did no	view the body	ofter death.	1	DEGREE			22c. DATE			
te Don't		X(2 1.	al	200			ATTE PHY	ENDING SICIAN	DIRECTOR PHYSICIAN	7	(6/40)		
HOSPITAL ned by the FUNERAL Jid be det the Stote		24 PHYSICIAN'S NAM	AE LTYPE O	R PRINT)			22e ADDRESS						
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of short with the short of the	23a E	BURIAL, CREMATION, RE	MOVAL				OF CEMETERY OR CREA		23d LOCATION	COMMIN	STATE		
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DHMH - 16 50M 4/B2		uneral director arvel-Short	F115	oral Un	mo Da	RESS	Del. 19940		REC'D. BY REGISTRAR 256 REGISTR	.00	TURE - Achdall		
(VRA 15, 4)	- 1		Luli	CLAL HO	me ne	IlliaT,	Det. 19940		11 1 8 1985 Julian	MULLI CON	-Navares		



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 190040 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20. DATE KNOWN THE MONTH 2b. HOUR (TYPE OR PRINT) PATTERSON, Jr. ROBERT Edward DEATH MATED 7-1-859 2d HOUR 4. RACE IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD 717 7 8 YRS Male White 9. BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X FOREIGN COUNTRY New Jersey U.S.A. WIDOWED [DIVORCED Wicomico 124 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Armed Forces (Navy) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General 741 Duke Drive 13d. INSIDE CITY LIMITS? New Jersey Gloucester Wenongh 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Robert McCabe Patterson, Sr. Joanne Edward Same as # 13e Edward Patterson, Sr. 166 SOCIAL SECURITY NO 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 148-70-8575 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH ART I DEATH WAS CAUSED BY BURIAL - TRANSIT PERM AND MENTAL HYGIEN ATION, OR REMOVAL. Fractured Skull IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which hours Multiple Trauma gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19g. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? HE WORD "P THE CHIEF / ULD BE USED YES NOK 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING FOR 430PM Passenger in auto. hit truck. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION Wicomico STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK FUNERAL DIRECTOR, PAGE & Stagecoach Rd., Delmar. street Mid . 22a. I certify that I took charge of the remains described above, held on -Inspection V Autopsy ond in my opinion Accident death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE 7-1-85 Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAM - m Pine Bluff (TYPE OR PRINT) ADDRESS. AFT 23g. BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION Burial 7/6/1985 St. Joseph's Cemetery Chews Landing Camden New Jers BP. SO DATE REC'D. BY REGISTRAR 1850 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH** - 17 Holloway Funeral Home, P.A., Salisbury, Maryland VR ALT ME 151

20M A B2

STATE OF MARYLAND

Market Company of the Company

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DIVISION OF VITAL RECORDS

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TYPE OR PRINTS

3 SEX

REGISTRAR

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4 RACE

I DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

WELL

5. DATE OF BIRTH

House

EN	8	REG.	NO.	
2n	DATE OF	DEATH	MONTH	

6. AGE (IN YEARS LAST BIRTHDAY)

83

IF UNDER TYEAR

2b HOUR

126 KIND OF BUSINESS OR

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COUNTY

221 DATE SIGNED

July 22 85

STATE

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	te be executed within 24 hours after death. Page 4 may be
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ALTIMORE, MARYLAND 21201	hours
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DIVISION OF VITAL RECORDS,

Dec. Female White 25, 1896 To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Warvland Wicomico U.S. WIDOWED Pename of Hospital, Nursing Home or other Institution in Sulla General Hospital 12a USUAL OCCUPATION Salisbury TYPE OF WORK FOR MOST OF WORKING LIFES AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 130 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? arvland omerset. rincess Pine 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Powel: Lida Pusev 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) LIEYES GIVE WAR OR DATEST 217-05-9682 William H. Powell. Jr. Princess 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and 101. PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Corclio - Respiratores Arrest DUE TO, OR AS A CONSEQUENCE OF Infarction Myocardial Canditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. Anterioschopic Heart Dispose PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINERS PM 19 21d. INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. 22 Tule saw the deceased olive on ___ and that in (my) (our) opinion death occurred on the date and from the causes stated above (Me) (did) (did nat) view the body after death 226 SIGNATURE DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Princess Anne, Md M4 Vernon Rd William 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION BUTIA BP

DHMH - 16 60M 7/84 (VRA 15, 4)

11 FUNERAL DIRECTOR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	B REG NO	· la		211
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6	3 SE)	EMALE	WHITE				YRS		IF UNDER 24 HRS HOURS MIN.
6	É	RTHPLACE - I STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	MARRIE		Wicomico			MD.
1	Sa	TY OR TOWN OF DEATH	Peninsula	ITAL, NURSING HOME C ITY, GIVE STREET ADDRESS) General Hos	6.33	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF POCY TRY TR		DUSTRY	F BUSINESS OR
6	130. S	AL RESIDENCE IF NURSING OME TATE CAUNCE. THER'S NAME			13d INSIDE CITY LIMITS? YES NO S	13e.STREET ADDRESS /	ZIP CODE	9 199	7599
(2 B	2	FIRST FI	MIDDLE	HUOSON SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	25	HOL	SON
3			GIVE WAR OR DATES)	1-14-3636	OUTE OUT		YVILLE	1 1 1 1 1 1 1	
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI		CARDIAC	ARRES T			BETWEEN	MATE INTERVAL DNSET AND DEATH
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)A	A CONSEQUENCE OF RTERIOSCHE. A CONSEQUENCE OF	eoric CARDI	OUDSCULAR KI	SEASE		
	ATION	PART 2 OTHER SIGNIFICAN HEPERTEN	usion	PRE	VIOUS MYOCA	ROIDL INLAR	CTION		
1	RTIFICA	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION	FOR WHICH OPERATION		YES NO	20b. IF YES, WE IN CERTIFYING YES	CAUSES	
1	Ü	ZIO. ACCIDENT WAS UNDERLYING	ZID. TIME OF INJU	JR I	THE HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)	

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHEY MEDICAL EXAMINER) 21d INJURY OCCURRED

saw the deceased alive on.

P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

19 211 LOCATION

COUNTY STATE

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from

and that in (my) (our) opinion death accurred an the date and hour and from the causes stated

CITY OF TOWN

226. SIGNATURE

FOR

22e ADDRESS

STREET

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

above, (1) (we) (did) (did not) view the body after death

1. CLIFFORD

2017

230 BURIAL, CREMATION.

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

DHMH - 16 60M 7/84 (VRA 15, 4)

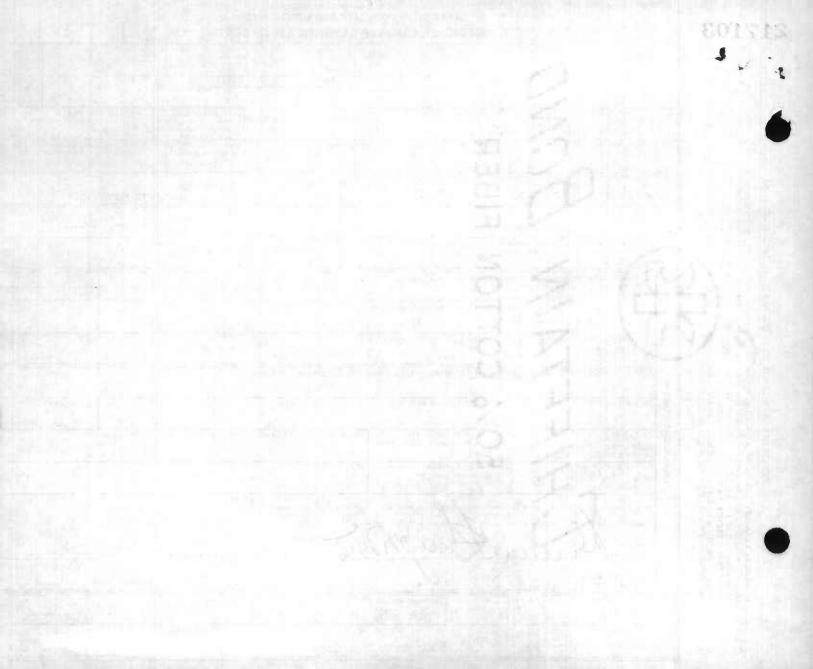
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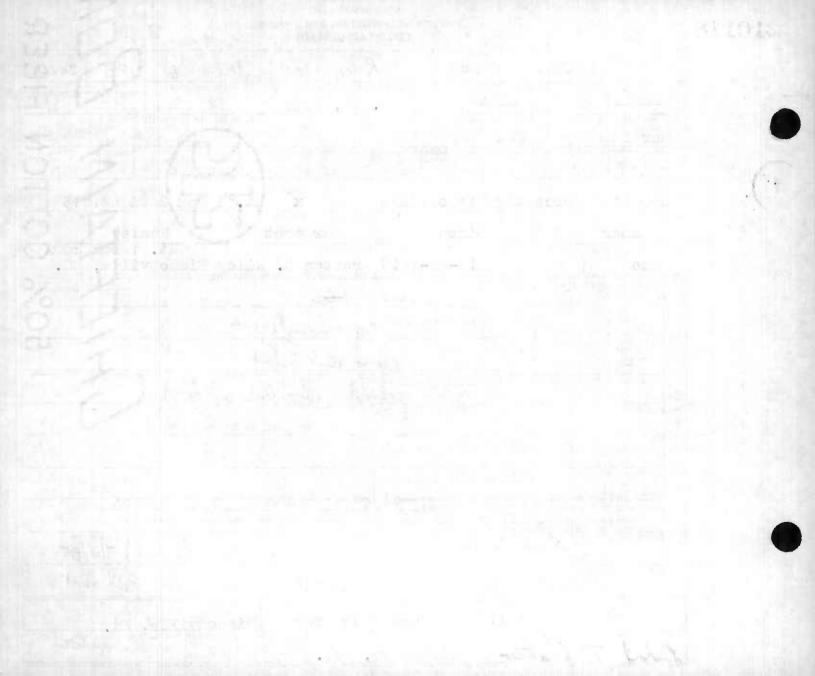
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	L		YPE OR PRINT)				MIDDLE			(ASI			OF ES	311	MONTH DA	AY YEAR	16 HOUR
3.	EET CREEK	3. SE	v	Bab	Girl					evel			EATH MA		7-22	1985	٨
	STR STR				5. DATE O	DAY	YEAR	LAST BIRTHDA	ARS IF UN		HOURS		DATE		MONTH D		11:4
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	ANT RESERVED		Maryland			S.A.			WIDOW		DIVORCE	D O	Wicom	ico C	County	,	MD
	Y IS	10.0	ITY OR TOWN	OF DEATH	11. NAME (IF NOT I	OF HOSPI	ITAL, NUR!	SING HOME	, OR OTH	ER INSTITUT	ION	17e. USUAL (OCCUPATE OF WORKING	ON (TYPE OF	F WORK 17b.	OR INDUSTR	
	PE PE	4	Salisbu		Pen	insul	la Ge	neral	Hosp	ital							
201	SORIO SORI	13a.	AL RESIDENCE ((IF IN NURSING HOA	E OR OTHER INSTITUTION OF THE PROPERTY OF THE	TUTION, GIVE	13CCITY	OR TOWN		13d INSIDE CI	TY LIMITS?	13e STREET	ADDRESS			218	10
21	AN SECTION OF SECTION	1	Maryland	d Wico	mico		Frui	tland		YES 🗌	NO 🗌	13e STREET 421	S. Ca	mden	Avenu	Je T	26
8	IH. 1, 2, 1, 2, 3, 3, 3, 3, 1, 1, 2, 1, 1, 2, 1, 1, 2, 1, 2, 1, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	14.8	ATHER'S NAME		MIDDLE	MIDDLE LAST				R'S MAIDE	NNAME				1467		
ORE,	DEA M P P	4			known			-5.1			ggy		S.		F	Revel	
PRESTON ST., BALTIMORE, MD. 21201	URS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE, BE. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. WITH FORM PAG. 3. RETAIN PAGE 5 FOR YOUR FILES. IT. PAGES 1 AND 2 SHOULD BE FILED WITHIN 72 HOURS. DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET,	160	WAS DECEASED YES, NO. OR UNKNO		VE WAR OR DATES		16b. SOCI	AL SECURITY	NO.	17. INFORM	arles	Revel	(Gran	ofath.	er)		
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1.5	18. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. T. W. T. W. T. W. T. W. W. T. W. T. W. T. W. T. W. T. W. W. T. W. W. T. W. W. T. W.		18 CAUSE OF	F DEATH (Enter ATH WAS CAU	only one couse	per line fo							.UE e		В	APPROXIMATE ETWEEN ONSET	INTERVAL AND DEATH
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EC.	MED BE MED AS	CERTIFICATION	THE DATE OF	THE DATE OF OPERATION: THE CONDITION FOR WHICH OPERATION WAS PERFORMED? THE													
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7	T S S S S S S S S S S S S S S S S S S S	E	21s EXTERNAL CAUSE WAS 21s TIME OF INJURY 21s, HOW INJURY OCCURRED LENGS MATURE OF INJURY OF IREM 18 PART 1 DR PART 1									YES XX	NO [
Ö	THE SHAPE		UNDERLYING	Dor	HO			AY YEAR	216.90	W INJURY	OCCURRED	JEHREN MATUR	E OF HULBY P	TEM IS PAR	FIGRINATES		
Sio	SHO TO	MEDICAL	CONTRIBUTIN	G CAUSE O		P.M. PLACE OF	BAT ILLIED	19	200 100	TEURIT					2000		
N	SCENT STATE OF THE PERSON OF T	ME	WHIEE -	NOT WHILE AT WORK	27	REST. PACTOR	T. FARM, ETC.	LAT HOME.	211 100	MET		cm	OR TOWN		county		STATE
-	CAMINER: THIS CERTIFICATE SHOULD IS RETIFICATE, WRITING THE WORD "PEN D BE FORWARDED TO THE CHIEF MAINE STATE DEPARTMENT OF HEAL WITH THE STATE DEPARTMENT OF HEAL ARYLAND, 21201 PRIOR TO BUILD.		AT WORK	AT WORK			-										
	E CERTIFICATE DUID BE FORN L DIRECTOR: H, WITH THE S MARYLAND,		22x I certify	y that Hyok cho	rge of the rem	ains desc _p i	beefsbore	held on	Autopy	XX	Impection	. In	quiry.	and in	n my apinion		-1343
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	AAW WAR	1	ACTUAL /	AUD .	. V	MI	hare	22	no	HILE (SP	ECIFY						
	SHOULD STANKE WILL WILL WILL WILL WILL WILL WILL WIL		SIGNATURE	recu	lus	X	vine	18010	ny	Assis	stant	MEDICAL	EXAMINES		DATE SIGNED.	7-24-	85
	WO DE		EXAMINER'S N	NAME D		0	//				117 *			7.		0700	
	TO MEDICAL EXAMERECUTE THE CERT PAGE 4 SHOULD FOUNTAIN DIRECTORY WITH PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	-	TYPE OR PRIN	IT)DE	ennis F	• Smy		M.D.		DDRESS		Penn St		alto.	, Ma.	2120	1
	1h/h	73o. 6	Burial Burial	ION, REMOVAL		005		ME OF CEM				23d LOCAT	ION		COUNTY	STA	TE
07/84 25M	BP/260		UNERAL DIRECT		8/1/19	783	Spr	inghill	Men	nory G	arden	\$ Heb	ron \	Wicom	nico 1	Marylar	nd
	DHMH - 17	14 F	lolloway	C		ADDRESS	C 1			12	DATE RE	C'D AY REG	ISTRAR 25	h REGISTR	RAR'S SIGNI	THRE	
	(VR A15 ME (5))		olloway	runeral	Home,	P.A.,	Salis	bury.	Mary	land	E (14)	4700	A.l.	Karil	200	.00	* 1





MEMORIAL CHAPEL

DIVISION OF VITAL RECORDS,

(VRA 15, 4)

are 139 of the Large January and Laren Action 1995 MARYLAND WICOMBS CHIEF RYS T X MAGGETONA BLOND AND STATE OF THE STATE JOHN HEARINGE CONFEE STEELS

1	1			STATE OF MARYLAND		
219045		FOR STATE REGISTRAR		ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	B REG. NO.	2 2 4
· Talla		CEASED NAME FIRST	MIDDLE	Robinson	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
4 600	1	Elsie	Mae	MODINSON	July 31, 1980	
4 90 m	3.58		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (INMEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
and the same		emale	White	03 21 1899	86 YRS	
# 120 m		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN WICOMICO	TY OF DEATH
\$ 15 E		lewtown, Penns		WIDOWED DIVORCED [120. USUAL OCCUPATION	126. KIND OF BUSINESS C
1	1	Salisbury	Peninsula	General Hospital	TYPE OF WORK FOR MOST OF WORKING	INDUSTRY
(A)	12a.	AL RESIDENCE IF NURSING HOM STATE 13b. CC	ie or other institution, give residence DUNTY 13c. CITY OR Salis			31801
	- Description	ATHER'S NAME		15. MOTHER'S MAIDEN	906 Spring Aver	nue
1 11		Harry	M. Haul	ler Anna	MIDDLE	Ellis
\$ 5 B 7		WAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL	SECURITY NO. 17. INFORMANT AA	Puth D ADDRESS	(Daughter)
# 60 m		YES, NO PRUNKNOWN] (IF YES	, GIVE WAR OR DATES) 182-3	0-7357 Same as	s. Ruth R. Cooper	(Daughter)
C the control of the		18 CAUSE OF DEATH (Ente	r only one couse per line for (a), (I USED BY:			APPROXIMATE INTERVAL SETWEEN ONSET AND DEAT
of physical			USED BY: DIATE CAUSE (0) Respire	afory Ancest		Immediale
5 P P P P			DUE TO, OR AS A CONS	SEQUENC OF		
dea offis offis out		Conditions, if ony, which		estive Hoort Failur	u	Years
hor the		gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A COMS	EQUENCE OF SCIENCE HEART	Discourse	Years
1 1116		PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION C	GIVEN IN PART 1(0
B THEFT	ğ	Adult	Onset Diebote			
he law on. hos he r permit iene pri	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
CIAN: 1 physics refricals of-from fiel Hyg	1000000	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 1:	8 PART 1 OR PART 2)
SH SH SH	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
other the	2	NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FFICE, FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
AD A A A A A A A A A A A A A A A A A A	1	224.1 certify that (1) (this he	ospital) ottended the deceased fi	rom 28 July 19 8	5 10 31 July	, 19.85 , that (I) (we) lo
2 P P P P P P P P P P P P P P P P P P P		sow the deceased alive	on 31 Relegant not) view the body after death.	19.85 , and that in (my) aur) apini-	on death occurred on the date and h	
Sept Annual Party		226. SIGNATURE	A	DEGREE		22c. DATE SIGNED
A HE HE	-	William ()	Godfrey	M. D. ATTENDING	MEDICAL STAFF	31 Tule 85
HOSPITA North by O FUNERA O FUNERA ON THE Sta	1	224. PHYSICIAN'S NAME (TY	1 11 11	220 ADDRESS		24863
D HO	1	William K			Ht Vernon Rd	1 HORCASS MANN,
E	23a	SURIAL, CREMATION, REMOV		23c NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	P. Chinathy States
BP		Burial	August 3,19		ry Newtown	Bucks Pennsy
DHMH - 16 50M 4/82	24 F	INERAL DIRECTOR	1 L L ADDS	250. C	DATE REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
(VRA 15, 4)		Holloway Fune	ral Home, P.A.,	Šålisbury, Maryland	G 5 400F	
				4.4		

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20M 4/82

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 203206 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO REGISTRAR 24 DATE KNOWN N L DECEASED NAME MONTH DAY 2h HOUR (TYPE OR PRINT) 10 85 Russell Allen Everett DEATH MATED 2d HOUR 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED TUTY JASI-BIRTHDAY) MONTH White Male Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) WICOMICO DELA WARE WIDOWED [DIVORCED 126 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS ID CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 59LISBURY AUTO PAPER PENINSULA CENERAL MACHINEST USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. INSIDE CITY LIMITS? 13e. STREET ADDRESS 113c CITY OR TOWN 101 WEST SIXTH STREET LAUREL YES NO BALTIMORE, MD. 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIODLE WHARTON 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) -60-3172 WILLIAM W. RUSSEL-LAUREZ DEZ NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BEZWEEN ONSET AND DEATH PART I DEATH-WAS CAUSED BY: Cardiac Failure MAMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 14 hrs Severe Myocardial Contusion Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF tying cause last. 14 hrs PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Pulmonary Contusion, Multiple Trauma Aorta. 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Transection of Aorta and Multiple Trauma YES NO S 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING OR On motorcycle, drove into back of tr. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) Delmar WHILE AT WORK Del 13A 1.7 mi north of EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR; PAGE AFTER DEATH, WITH THE COMPANY OF THE PAGE AFTER DEATH, WITH THE COMPANY OF THE PAGE AFTER DEATH, WITH THE COMPANY OF THE PAGE AFTER DEATH AND THE COMPANY OF THE PAGE AFTER DEATH AND THE COMPANY OF THE PAGE AFTER DEATH AND THE COMPANY OF THE PAGE AFTER ADDITIONAL OF THE PAGE AFTER ADDITIONAL OF THE PAGE AT THE P Inspection X Autopsy Inquiry & 22a. I certify that I took charge of the remains described above, held an and in my apinion Accident X Suicide Hamicide Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) DATE 7/9/85 MEDICAL EXAMINER Pine Bluff Road, Salisbury, Md. EXAMINER'S NAME Thomas C. Hill (TYPE OR PRINT) ADDRESS 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23 a BURIAL, CREMATION, REMOVAL 23b DATE BLANES CONSTERY BLADES JUSSEL DELAWARE 24 FUNERAL DIRECTOR Adia Navidson-Randall D.B. HAWKINS - PEDERALSBURG, MARGLAND VR A15 MF (5)

BUMANIEG PERIE ENGLIS OF TIME BUT IS THE TOTAL AND THE

DHMH - 16 60M 7/84 (VRA 15, 4)

BALTIMORE

PRESTON ST

DIVISION OF VITAL RECORDS,

MAN JAMES III 258 CHURCHST PRANNEMON 1910 1911

256. REGISTRAR'S SIGNATURE

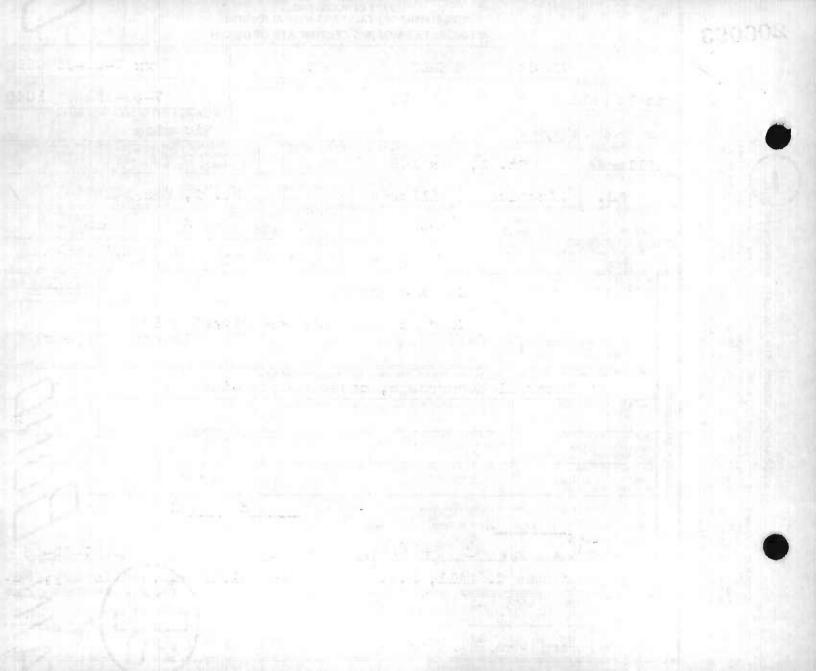
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	FOR		DEPARTMENT OF	HEALTH AND	MENTAL HYGI	ENE		1 (3
	STATE REGISTRAR		MEDICAL EXAMIN		ICATE OF D	C NEO	6.26. 2	1 8
	CEASED NAME FEOR PRINTS	yne J	WIDDIE	Shemory	/	20. DATE KNOWN OF ESTI- DEATH MATED		1985 170
1. SEX	ale Whit		DAY YEAR EAST BIRTHI	PEARS IF UNDER 1 YE MONTHS DAYS		PRONOLINCED	MONTH DAY	YEAR 24 HOU
Bi Vi	RTHPLACE (STATE OR PERSON COUNTRY)	7h CITIZEN O	S.A.	MARRIED MI	NEVER MARRIED [OMICO	DEATH
III CI	alisbury	1 II. NAME OF	HOSPITAL, NURSING HOM ICH FACUITY, GIVE STREET ADDRESS! ISULA GENET	al Hosp:	ital 120.	USUAL OCCUPATION OR MOST OF WORKING LIFE)		ND OF BUSINESS R INDUSTRY
130. S	TATE PENN N	ochome or other institution county.	on, give residence before admis- 13c. CITY OR TOWN and NOT THUMB	erlandes [E CITY LIMITS? 13e	TREE ADDRESS Wheat	ley Aver	lee //
	Raymond	R.	Shemory	15. MO1	Pauline	WIDDLE	Rear	
16a V (Y	VAS DECEASED EVER IN U ES, NO OR UNKNOWN) (IF Y	U.S. ARMED FORCES? F YES, GIVE WAR OR DATES]	166. SOCIAL SECURI 207-32-1		ome as #1	. Judith 🎘 🦰 3e	Shemory (\	Nife)
	18 CAUSE OF DEATH (E		r line for (o), (b), ond (c).) Cardiac Ar	rest			BET'	PPROXIMATE INTERVAL WEEN ONSET AND DEAT
	Canditions, if any, gove rise to imm	t, which but to	Anterior M	lyocardia	al Infar	ction		3 hrs
	lying cause last.	(c)_	DEATH BUT NOT RELATED TO THE TER		TION GIVEN IN PART 1 (a)			
CERTIFICATION	190. DATE OF OPERATIO	ON 196. CO	DINDITION FOR WHICH OPE	ERATION WAS PERF	ORMED?		20 .	AUTOPSY?
	210 EXTERNAL CAUSE W	HOUR	AE OF INJURY R.A.M. MONTH DAY YEA	AR 21c HOW INJU	RY OCCURRED IEN	TER NATURE OF INJURY IN ITE		YES NO E
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHI AT WORK	D 21e PLA	P.M. 19 ACE OF INJURY (AT HOME, T, FACTORY, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		ook charge of the remain	s described above, held on		Inspection X	Inquiry X,	ond in my opinion	
5.71	death resulted fram-							
	ACTUAL SIGNATURE	Cours	C Helf	A	e (SPECIFY)	MEDICAL EXAMINER	DATE SIGNED	7/9/85
	ACTUAL 1		C Helf Hill Jr.	M.D. De	s Pine Bl	LUFF ROAD	signed	

20M 4/B2

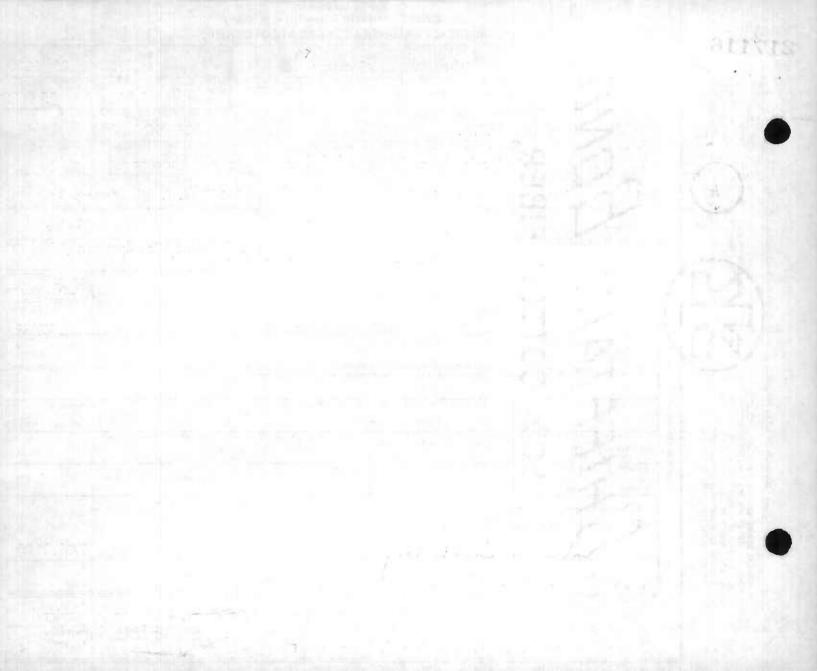
STATE OF MARYLAND

200000	1,	FOR STATE			EPARTMENT OF	F HEALTH						
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33 05 12 E		CEASED NAME E OR PRINT)	ALICE	2	KELLY	S	MITH	3	OF ESTI- DEATH MATED	MONTH TX 7-	20-85	28. HOU
Y, PLEA UR FILE 22 HOUIN N STREE	3. SEX			OATE OF BIRTH	YEAR LAST BIRTH			ER 24 HRS.	PRONOUNCED 7	-20-8	DAY YEAR	2d. HOU
NECESSARY, PLEASE UNREAL DIRECTOR. 5 FOR YOUR FILES. TWITHIN 72 HOURS Y, PRESTON STREET,	To B	RTHPLACE (STATE OR REIGN COUNTRY) OWELLVILLE,		d U.S.A	AT COUNTRY?	I P	ED NEVER MA	RRIED .	9. BALTIMORE CITY Wicomio		Y OF DEATH	
PER	10. C	TY OR TOWN OF DE		NAME OF HOSP	PITAL, NURSING HOA ILITY, GIVE STREET ADDRESS BOX 142	ME, OR OTH		12a. USU	IAL OCCUPATION (TO ACST OF WORKING LIFE)		12b. KIND OF BI OR INDUST	JSINESS IRY
TE STANDED Z		L RESIDENCE IF IN NE	URSING HOME OR OTH			,	13d. INSIDE CITY LIMITS	2 13e. STR	EET ADDRESS	x 142	2/8	174
CONTRACT NO	14, F.	THER'S NAME	M	DDLE	LAST	45	YES NO	IDEN NAME	MIDDLE		LAST	//
OF SEST	160	John VAS DECEASED EVER	Bent		Kelly	ITY NO	Corne		G.		Palmer	
AALTIM SAFER SIVE PY PAGES VISION	()	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	217-01-8		Rt. #1 B	Mrs 14	Charlotte S Willar	mith E ds, Mai		
HOUR SM 18 SRAIT ENE, DI		18 CAUSE OF DEA PART I DEATH V	TH (Enter only on VAS CAUSED BY: IMMEDIATE CA		or(a),(b), ond(c).) Cardiac	Arres	t				APPROXIMATE BETWEEN ONS	ET AND DEAT
PRESTON IITHIN 24 H ICIL IN ITEM CIL IN ITEM NER ALON ANSIT PER AL HYGIEN REMOVAL		C to: 4		DUE TO, OR	AS A CONSEQUENCE				T - T - T -			
WITH WITH NCIL IINER IRAN	177	Conditions, if gave rise to couse (o) stating	immediate	(b)			ymia an	id MI	tral Val		veal	~ 6
CUTED VIN PEI		lying couse last		(c)	AS A CONSEQUENCE	E OF			21500		y C (1)	
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST SCRTIFICATE SHOUD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 3 PRED TO THE CHIEF MEDICAL EXAMINER ALONG E3 SHOUD BE USED AS A BURIAL TRANSIT PERMI E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	PART 2 OTHER SIGNIFICAL			orrhage				ined		7	
TAL REC	CERTIFICATION	19a DATE OF OPER			ON FOR WHICH OP						20 AUTOPSY	?
N SECOND	H	210 EXTERNAL CAU	ISE WAS	21b. TIME OF	INTERY	121c HC	W IN HIRY OCCUR	DED IENTER	NATURE OF INJURY IN ITEM I	S PART 1 OR PAR	YES 🗆	NO 1
ONO PACIFICA		UNDERLYING CONTRIBUTING	OR	HOUR A.M.	MONTH DAY YE		ov mooki occor	(NED (COOK)		O TAKE TO SET AK		38
= =>3050	MEDICAL	21d INJURY OCCUR WHILE NOT AT WORK AT V			FINJURY (AT HOME, DRY, FARM, ETC.)		CATION		CITY OR FOWN	cou	NTY	STATE
NER: TH CATE, V FORW, FORW, FOR PA THE STA AND, 21					ribed obove, held an			-	mondres de la constante de la	and in my opi	inion	
EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: C. WITH THE		death resulted from	n: Natural co	ouses LX.	Accident L.	Suicide	, Homicide TITLE (SPECIFY)		ermined manner	,		
RE, M.		ACTUAL SIGNATURE	Thou	as C	Help	Jan. M	Deput	YMED	ICAL EXAMINER	DATE	7-22	-85
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNERAL I A PETER DEATH, BANTIMORE, M	1	EXAMINER'S NAME (TYPE OR PRINT)	Thomas	s C. Hi	ill, M.D		ADDRESS	ne Bli	uff Rd.,	Sali	sbury	, Md
BP	23a.B	urial, cremation Buri		7/24/198	Powelly	ille C		Po	CATION OR TOWN Wellville, W	/icomic	co, Mary	land
DHMH - 17	-	UNERAL DIRECTOR	,	ADDRESS	C 14 1		25e. DA	TE REC'D. BY	1985 PEGISTRAR 756 REG	GISTRAR'S SI	GNATORAL	6
(VR A15 ME (5))		Holloway F	uneral H	ome, P.A	A., Salisbur	y, Mar	yland	OL Z U	1303			

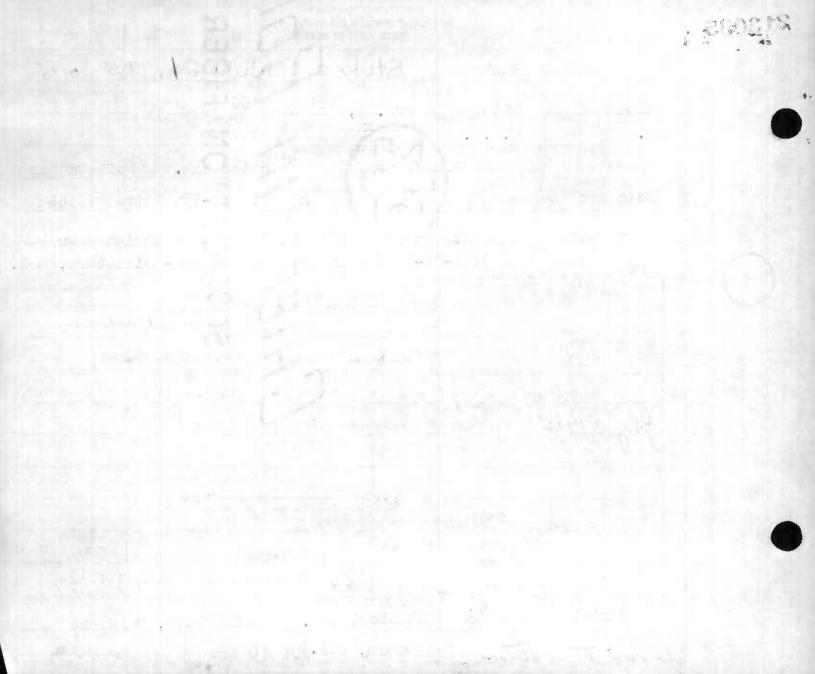


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 217116 1. DECEASED NAME KNOWN (TYPE OR PRINT) 7/26 Thomas Wright Spencer DEATH MATED 10 85 2230 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR 2d HOUR F UNDER 24 HRS DATE RONOUNCED White Male 01 24 1921 7/27 0020 64 DEAD Te. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED WICOMICO U.S.A. Ocean City, Maryland WIDOWED [DIVORCED LITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Peninsula General Medical Center Retired Teacher SALISBURY 21201 Miami 13d INSIDE CITY LIMITS? 136. STREET ADDRESS W. 4th Avenue Florida Dade FATHER'S NAME IS MOTHER'S MAIDEN NAME Thomas MIDDLE Lillie Taylor Spencer 7. INFORMANT 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO Mrs. Charline Fisk Spencer (Wife) (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-07-9825 Same as #13e IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary occlusion minutes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which (b) arterio-sclerotic heart disease years gave rise to immediate cause (a) stating the under-DUE TO OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN 22a. I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Natural causes Homicide Undetermined manner TITLE (SPECIFY) 7/27/1985 Deputy DATE MEDICAL EXAMINER John T. Bulkeley, M.D. Salisbury, Maryland 73e BURIAL, CREMATION, REMOVAL 23b DATE Salisbury, Wicomico, Maryland 7/28/1985 Salisbury Crematory Cremation 24. FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland (VR A15 ME (5))

STATE OF MARYLAND



DHMH - 16 60M 7/84 (VRA 15, 4)



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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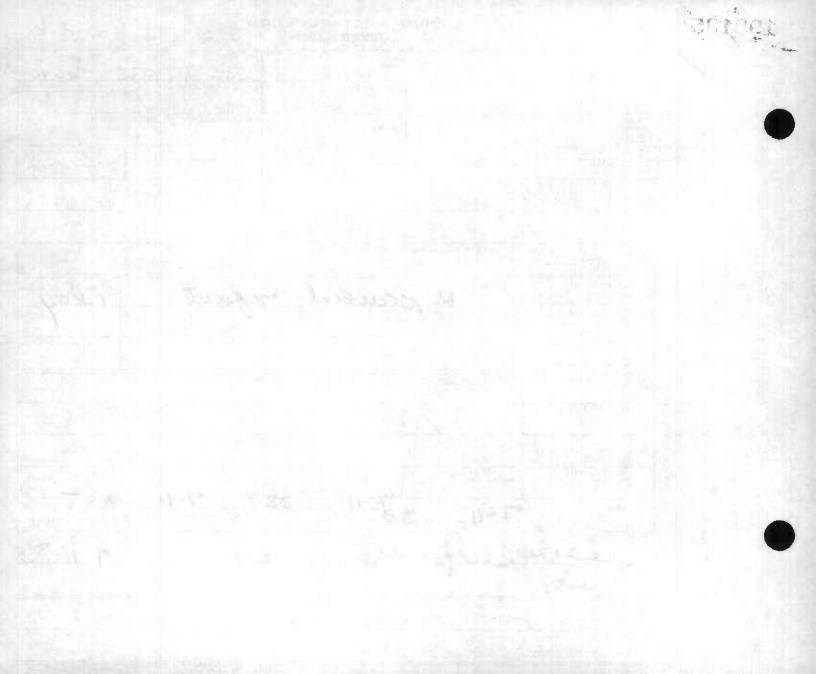
- 1	3-	110101111111								REG. NO.				The Park
		CEASED NAME	FIRST	,	MIDDLE		.AST	- L	20. DATE OF D	DEATH MON	NTH DA	AY YEAR	2b. H	OUR
	11166		thlee	n Ba	ker	To	WIR		1000	111	198	5	15	40 M
	3. SE>	X		4. RACE		S. DATE C			6. AGE IN YEA	RELAST BIRTHOA		FUNDER I YEA		DER 24 HRS
		Female		Whit	e	Feb.		8 YEAR	67		YRS.	DATS DATS	5 HOUR	NIN.
1		RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTE	RY2 8	D NEVER		9. BALTIMORI	E CITY OR C		OF DEATH		
6		laware		U.S.	Α.	WIDOWE		VORCED	Wicon	mico				MD.
C	10. CI	alisbury	тн	Penin	HOSPITAL, NUR STELLIEGIVE	enera]	ROTHER INS Hosp	ital	Dietar			17b. KIND INDUSTRY Holly	Y	ness or nter
	13a S	ALRESIDENCE (IF NURSI STATE ryland	13b COUN		Salisb	OWN	13d. INSIDE C	ITY LIMITS?	13e STREET AL Salisbu	odress / zi iry Mol	P CODE	Home	Park	801
0		ristopher	O. Ba	ker.	LAST		- 27	s maiden na first Hearn	WE	WIDDLE		ı	AST	
1	160 V	VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SE		17. INFORMANT ADDRESS							
	No	163 Ido Ok Olakido Waj	(# 163, 01	e man on pares,	214-10	- 9901	Myra	White	Delmar,	De. 1	19940			
	NO	Canditions, if any, gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN	g the last.	(b) DUE TO, OI	R AS A CONSEC	OUENCE OF	NOT RELATED) TO THE TERM	NINAL DISEASE	or condit	ION GIVEI	N IN PART	lio	7
1	CERTIFICATION	190. DATE OF OPERAT	ION	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFO	DRMED	200 AUTOP			WERE FIND ING CAUSE	ES OF DE	
7	MEDICAL CER	710. ACCIDENT WAS UNDION CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA	TH HOUR A. 1 P. 21e. PLACE	M. MONTH M.	19	211 LOCATION STREET	NC	RED (ENTER NATU	URE OF INJURY IN	CITEM 18 PAR	RT I OR PART 2)		STATE
		220. I certify that (I) saw the decease abave, (I) (we) (d 22b. SIGNATURE	(this haspi	ti view the bady	19	25,0	DEGREE	ATTENDING PHYSICIAN E	deoth accurred MEDICAL DIRECTOR	STAFF			that (I ne couses	
1		u	20											
	230 B	BURIAL, CREMATION, I Urial	REMOVAL	23b. DATE 7-14-19		30 NAME OF C			23d LOCAT CITY OF Delm	ion ar Sus	sex	COUNTY Delawa	are	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

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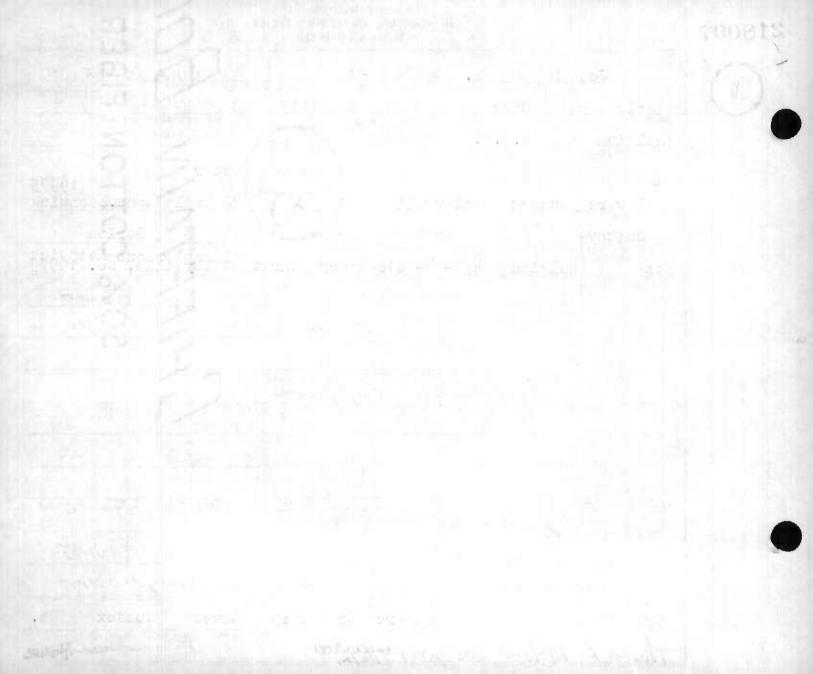
Marvel-Short Funeral Home Delmar, Delaware



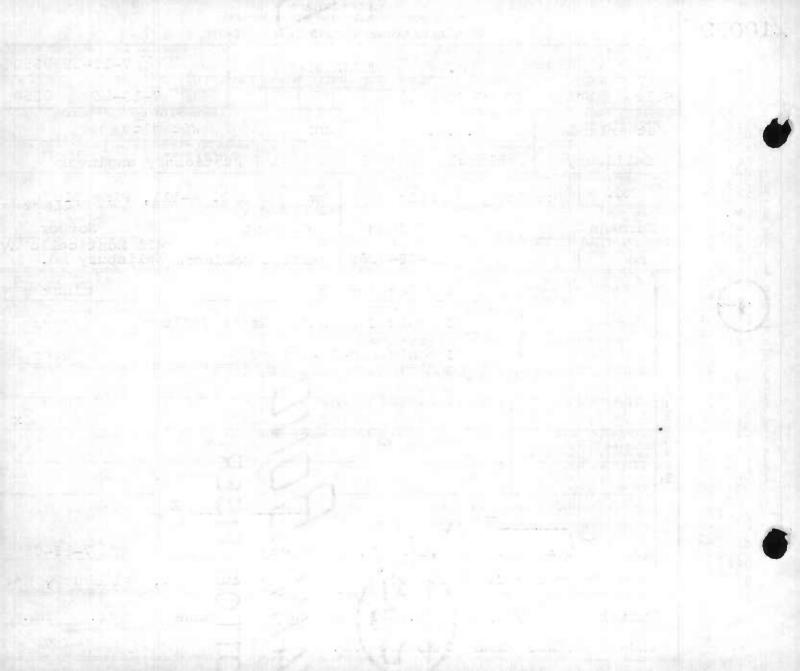
STATE OF MARYLAND

8 R.G. NO.	2 1	2	2	
DATE OF DEATH	DAY	VEAD	0) 110110	-

				STAT	E OF MARYLAND						
240000	١,	FOR	1	DEPARTMENT OF H	EALTH AND MENTAL	HYGIENE	-74		O 17	1 7	
218007	100	STATE REGISTRAR		CERTIF	ICATE OF DEATH		3 3	2 1	La la	. 0	
	1 25	CEASED NAME FIRST	MIDDLE		AST	2. DAYE	OF DEATH MON	TH DAY	YEAR 2b HC	200	
- Marilla		OR PRINT)	MIDDLE		1	Zu. DATE					
9		Joseph	E.	/en	ret		JUIV 30 1985				
e 'ak	3 SE	X	4 RACE	5. DATE C			N YEARS LAST BIRTHDA	IF UNDER	DAYS HOUR	DER 24 HRS	
2 C C C		Male	Cauc	NONTH L	6 191	5 70		YRS.	DATS HOUR	MIN.	
D Q	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8		0.041714	9. BALTIMORE CITY OR COUNTY OF DEATH				
# 72 72 P	1000	COUNTRY)	TT C A		NEVER MARRIED		Wicomic				
deo deo		Belgium ITY OR TOWN OF DEATH	U.S.A.	WIDOWE			N L OCCUPATION		KIND OF BUSI	MD.	
the like	V	IT OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY,		OF OTHER INSTITUTION	(TYPE OF W	ORK FOR MOST OF WOR		USTRY	14E22 OK	
rs o filed		alisbury			l Hospita	1 Do	ctor		0401	0.0	
hou hou	USU I3o	AL RESIDENCE (IF NURSING TOME		OR TOWN	134 INSIDE CITY LIMI	TS2 113. STREET	T ADDRESS / ZIP	CODE 9	109419	1975	
24 fillec				byville	YES [NO	2	6 Maple	Lane	Keenv	rick	
thin thin	14. F/	ATHER'S NAME	10001	0,7 1 22220	15. MOTHER'S MAIDE						
mpletely ond 2 shr	6	FIRST	MIDDLE	EAST -	Ernesti	ino	WIDDLE	Bor	LAST		
com com	12/22	Gustave VAS DECEASED EVER IN U.S.		nret	17 INFORMANT		ADDRESS				
V 7 8	1	YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)				26Maple Selbyvi	Lane.	Keeny	wick	
S. Pogo	Y	es Bel	Lgian 451	-74-1616	Nancy Te	enret	ретраля				
sicite ofe		18 CAUSE OF DEATH (Enter	only one couse per line for ig		0			. 81	APPROXIMATE IN		
phy n pen mov		PART I. DEATH WAS CAU	ATE CAUSE (o)	Hart taile	ul-		5 17 1		6 mont	15	
ding or re			DUE TO, OR AS A CO	MISEQUENCE OF	, ,/	/ /			-/		
ten recont on,		Conditions, if any, which	(Merosale	cotice Hea	ut Disi	lan	1	25 year	0	
ne d moti		gove rise to immediate cause (a), stating the	10)				7.6				
se re		underlying cause last.	DUE TO, OR AS A CO	DNSEQUENCE OF							
s the		PART 2 OTHER SIGNIFICAN	(c)	INIC TO DEATH BUT	NOT BELATED TO THE	TERMANIAL DICE	ASS OR COMPLEX	211 CIVELLINI	DADT 1		
sign hen a bu	Z	PART 2 OTHER SIGNIFICAN	1 CONDITIONS CONTRIBUT	TING TO DEATH BUT	c /		ASE OR CONDING	JN GIVEN IN F	*ARE ITO		
or the man	음	19g DATE OF OPERATION	Lie chipitions	DATE OF DATE	IN WAS PERFORMED		TOPSY? 206	IF YES, WERE	EINIDINICS III	CCD	
low os be	CERTIFICATION	196 DATE OF OPERATION	198 CONDITION FO	K WHICH OPERATIO	IN WAS PERFORMED	200 AC	IN IN	CERTIFYING C	AUSES OF DE	ATH?	
9 6 4 9 0	=					YES	NO	YES [NO		
18 T 8 18		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MOI	NTH DAY YEAR	21c HOW INJURY OF	CCURRED (ENTER	NATURE OF INJURY IN I	ITEM 18 PART I OR	PART 2)		
SICIA ng ph certificiential in the central	18	(IF EITHER, NOTIFY MEDICAL EXAMI		19							
HYS din Ans c	MEDICAL	214 INJURY OCCURRED	218. PLACE OF INJUR		211 LOCATION	**	CITY OR TOWN	COL	UNTY	STATE	
G P offer the sthe	E	WHILE NOT WHILE	(AI HOME, SIREEI, FACTOR	RY, OFFRE FARM EIC)	J. Since.						
Aft of the of th		22a I certify that ((this has	spital) attended the decease	ed from	19	78 10	July 30	19 82	5 thorn	(we) lost	
TEN TOR OF US		sow the deceased alive	00 7/30	19 83	nd that in (my) (our) op	inion death occur	rred on the date o	nd hour and fr			
REC Pet. opt.		obove(D) (we) (did) (did) 22b. SIGNATURE	the body alter dea		DEGREE			220	c. DATE SIGNE	ED	
he Die		(O)			ATTENDI	NG MEDICA	AL STAFF		1-31-8:	5	
by the by the state of the stat	1	22d. PHYSICIAN'S NAME ATTE	1420n0	Z	PHYSICI.	AN DIRECTO	DR PHYSICIAN		1210		
OSPI Love Id be the S					PALK	nc.	Courseu	u ma	1 2/86/	1	
TO HOSPI retained b TO FUNE should be with the S		1 . E	LAYTON IT		10-84.	<	2/-	7	2184		
nanna	23a	BURIAL, CREMATION, REMOV.	AL 236. DATE		EMETERY OR CREMAT	-6	CATION	C . COUNT	TY	TIME	
G BP_G		Cremation		Pelmarv	a Cremato	ory	ewes	Suss	ex	De.	
DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR	11.	ADDRESS G	- 40	DATE RECIPIB	PEGISTRAR 25b.	REGISTRAR'S	JGNATURE	0	
(VRA 15, 4)	-	Thomas E. 1	EluiN Enz	Bex 131-9	CENTION	,,,,,,,	1905	J'inta No	evidson-1	andere	
	-										



210059	1-	FOR STATE REGISTRAR			ST/ DEPARTMENT OF DICAL EXAMI	HEALTH				0. 2	2 4
ASE P.S. E.S. ET,		CEASED NAME E OR PRINT)	FIRST HARR	Y	MIDDLE J.	TILI			20 DATE KNOWN TO ESTI-		5 0 350 A
H. IF ANY DELAY IS NECESSARY PLEASE 2, AND 3TO THE FUNERBALD IRECTOR. 4, 3, RETAIN PAGE 5 FOR YOUR FILES. 4, SHOULD BE FILED, WITHIN 72 HOURS 1/4, RECORDS, 201 W. PRESTON STREET,		ale	White	5. DATE OF BIRTH				NDER 24 HRS.	PRONOUNCED 7	-13-85	YEAR 2d. HOUR
NECESSA FOR Y WITHIN	N	RTHPLACE (STA REIGN COUNTRY) ether1			S.A.	WIDOW		VORCED 🗆	9. BALTIMORE CITY Wicomi	co	MD
ELAY IS TO THE P PAGE BE FILED		Salish	oury	Penins		al F	ER INSTITUTION Iospita	m FOR	UAL OCCUPATION (TY MOST OF WORKING LIFE) Cationary	. OR I	D OF BUSINESS INDUSTRY
F ANY E AND 3 HOULD RECORD	13a. S	Md.	13b. COUN		residence before admissing 13c. CITY OR TOWN Salisby		13d. INSIDE CITY LIN Yes 2 - No	O Ap		Pine _u B	luff
- F-SDE //		Herman		MIDDLE	Tilma		15. MOTHER'S / FIRST Joh	anna	WIDDLE	Soi	rber
BALTIMORE. S AFTER DEA GIVE PAGES TITH FORM-P PAGES 1 AN VISION OF	16a. \	ES. NO. OR UNKNOW	EVER IN U.S. AR/	WAR OR DATES)	215 -30 -0				oinson Sa	lisbury	
W. PROCESSION OF RENDERS AND		Canditians	IMMEDIATE i, if any, which to immediate tating the under-	D BY: TE CAUSE (a) DUE TO, OR (b)	AS A CONSEQUENCE Chronic AS A CONSEQUENCE	Cong	estive		t Failure	BETWE III I	ROXIMATE INTERVAL
RECORDS, 2 D BE EXECU FENDING: II MEDICAL EI AS A BURIL AS A BURIL A BURIL A BURIL A BURIL A BURIL A BURIL A BURIL A BURIL A BURIL A	NOIL	PART 2 OTHER SIG			Chronic BUT NOT RELATED TO THE TER	MINAL DISEASI	OR CONDITION GIVE	N IN PART 1 (a).			TOPSY?
ON OF VITAL R IFICATE SHOULD 5 THE WORD "P TO THE CHIEF A HOULD BE USED. ARTMENT OF HE	AL CERTIFICATION	21a EXTERNAL	CAUSE WAS	216. TIME OF HOUR A.M	INJURY MONTH DAY YEA	21c. HC			NATURE OF INJURY IN ITEM 18	YE	S Nox
DIVISI HIS CERT WRITING ARDED AGE 3 SI ATE DEP	MEDICAL	214 INJURY OF		21e PLACE C			CATION		CITY OR TOWN	COUNTY	STATE
MEDICAL EXAMINE CUTE THE CERTIFICA SE 4 SHOULD BE FOR FUNERAL DIRECTO ITMORE, MARYLAN THAN		22a. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	Than Notur	ral causes X,	cribed abave, held an Accident . S	Autap	Hamicide TITLE (SPECIL D. Depu	FY) ty_med	Inquiry X, o ermined manner	DATE 7- SIGNED 7- Salisbu	15-85 ry, Md.
BP		URIAL, CREMAT becify) burial	ON, REMOVAL 2	7/16/85	23t. NAME OF CE St.Pat		emeter	y 23d LC	OCATION ORTOWN Vienna	Dor.	state Md.
DHMH - 17 (VR A15 ME (5))	24. F	THOMAS		AL HOME	CAMBRIDO	SE MD			1985 Sulia	Juidon R	RE CALL A



	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MEN
STATE REGISTRAR	CERTIFICATE OF DEA

	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL		8 5 REG. N		1 2	2 5	
1	(TYPE	PRINTING PRI	d Carl	ton	100	DD		JULY	4,19	85	26 HOUR 22 22	D _M
	3. SEX	lale	White	37-26	5. DATE C			GE (IN YEARS LAST BI	YRS.	IONTHS DAYS	HOURS A	MIN.
9	_ 0	RIMPLACE (STATE OR FOREIGN OUNTRY) iston, Maryland		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	7	WICOM		OF DEATH		MD.
4	SA	LISBURY	PGHW	CILITY, GIVE STREET	ADDRESS)	or other institution	(TY	USUAL OCCUPAT PE OF WORK FOR MOST Manager			of Business er	OR
5	13a S	Maryland W		GIVE RESIDENCE BEFORE 13c CITY OR TOW Salisbut	'N	13d. INSIDE CITY LIMIT	F	STREET ADDRESS	ZIP CODE	0 Lot	13 218	01
1		Jeremiah		odd		Willie		Frances		Vallic		
1		VAS DECEASED EVER IN U.S. ES. NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	214-10-		Same as	rs K	atherine b	Booth T		ife)	
	NO	PART I. DEATH WAS CAL IMMED Conditions, if any, which gave rise to immediate cause Ial. stating the underlying couse last. PART 2. OTHER SIGNIFICAN	DUE TO, O DUE TO, O DUE TO, O (c)	CARLAGE RAS A CONSEOUI RAS A CONSEOUI REMALE ONTRIBUTING TO	CAL ENCE OF	CEMIA	· /	OSS/B4E L DISEASE OR COP	MET MET	ASTAY EN IN PART 1	1c T	un
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES NO	20b. IF YES IN CERTIF	, WERE FINDI YING CAUSE:	NGS USED S OF DEATH? NO	?
7	CAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH D.	AY YEAR	21c HOW INJURY OC	CCURRED	(ENTER NATURE OF IN)	URY IN ITEM 18 PA	ART I OR PART 2)		
	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE I	FARM ETC)	STREET		CITY OR T	OWN	COUNTY	STAT	TE
		220. I certify that H-4this haspital) attended the deceased from 6 18 19 19 10 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19									that the (we') last
1		22d PHYSICIAN SNAME (TY D.J. Chodni		· ku		22e ADDRESS	Quir	icy Sts., S		у, Md.	21801	1
	23a B	URIAL, CREMATION, REMOV	AL 23b DATE	7305	NAME OF C	EMETERY OR CREMATO	ORY	23d LOCATION	TETT	COUNTY	SIAI	TE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

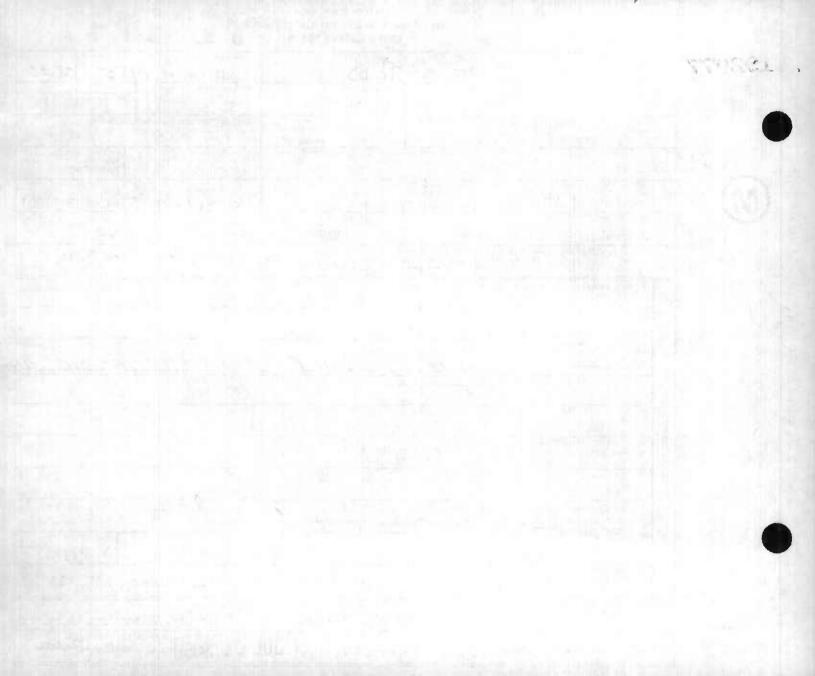
Burial Wicomico Memorial Pk 24 FUNERAL DIRECTOR

Salisbury, Wicomico, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JUL 0 9 1985 Core Savidson Randare.

Holloway Funeral Home, P.A., Salisbury, Maryland



STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

5 _{REG. NO.} 2		2	2	-
OF DEATH MONTH	DAY	YEAD	75 HC	VI.

			FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR					
	F	ORPRINT)	the same of	COLLINS	Vin	not		Time 30	0.1988	0240 M		
1	3. SE)	(4. RACE	JUDET!	S. DATE C	OF BIRTH	6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
1		Male	Whit	te	Oct	4	67	YRS.	MONTHS DAYS	HOURS MIN.		
11	7a. Bl	RTHPLACE ISTATE OR FORE	EIGN 76. CITIZEN	OF WHAT COUNT	RY? 8		9 BALTIMORE	CITY OR COUNT	Y OF DEATH			
6	0	Del.	U	SA	MARRIE	D NEVER MARRIED U	Wicomi	~		MD.		
7	10 CI	TY OR TOWN OF DEATH			SING HOME	OR OTHER INSTITUTION	12a USUAL OC	CUPATION		OF BUSINESS OR		
0		Lisbury	Penin	such facility, give st	ral Hos	spital		Hwy. Dep		d work		
6	13a. S		COUNTY Kent	13c. CITY OR THE	OWN	136. INSIDE CITY LIMITS?	13e STREET ADD	DRESS / ZIP COD	E 99	9952		
200	_	THER'S NAME			6	15 MOTHER'S MAIDEN NA		241142		1112		
		George	B. MIDDLE	Vincent	. Sr.	Georgian	na (n)	Jones	57		
17	16a V	VAS DECEASED EVER IN	U.S. ARMED FORCE	S? 166 SOCIALS		17 INFORMANT		ADDRESS 77	2 Delawa	are Ame.		
2	(1	Yes	WW II	222-03	-8654	Barbara L.	Vincent	Marrin	gton, Di	E 19952		
		18 CAUSE OF DEATH	Enter anly ane cause	per line for (a), (b)	and ici.					ONSET AND DEATH		
		PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (a	(1.0	1.	Unest						
		E BERGEN		O, OR AS A CONSE		0 1	1	63 1				
		Canditians, if any, w		allon	elant	D (Redion	evelen	•	C			
10		gave rise to immed	liote	O, OR AS A CONSE	OLIENICE OF	· 1	1	0 1				
			lost.	, OK AS A CONSE	OUENCE OF	Centregles	- Vene	les de	~			
		PART 2 OTHER SIGNIF	ICANT CONDITION	S CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE O	R CONDITION GI	VEN IN PART 1	0		
	O	NEW YORK OF THE PARTY OF THE PA										
1	CATION	190. DATE OF OPERATIO	N 196. CO	NDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPS	Y? 20b. IF YE	S, WERE FINDI	NGS USED		
1		27 kung	Par	m T.	les		YES N		IFYING CAUSES	NO T		
1	CERTIF	21a. ACCIDINT WAS UNDERL		OF INJURY	DAY WEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM 18	PART 1 OR PART 2)			
4	AL	OR CONTRIBUTING CAU		A.M. MONTH	DAY YEAR	Ref Strain						
	MEDICAL	21d. INJURY OCCURRED	21e PLA	CE OF INJURY		21f. LOCATION						
	×	WHILE NOT WHILE	(AT HOM	E STREET, FACTORY, OFFI	CE, FARM ETC)	STREET	C	ITY OR TOWN	COUNTY	STATE		
50		220.1 certify that (1) (th	is hospital) attende	d the deceased fro	m_LE	Ken 19 8	1 10 30	1.0	19 5	that (1) (we) last		
1	3.5	sow the deceased	. 10 1	~	-/	that in (my) (aur) opinion	death occurred 6	the date and ho	0	, , ,		
N	7	22b. SIGNATURE	I stid not I view that b	ogy offer death.		DEGREE			22c. DATE	SIGNED		
		(1)	hrs 1.			ATTENDING	MEDICAL DIRECTOR	STAFF	30.	h-85		
1		22d. PHYSICIAN'S NAMI	E TYPE OR PRINT	N/		22e ADDRESS	4		1	-		
/		ANDREW	FORGI	454		Pen. Gen.	Hasp	SALIST	BURY. H	UD		
		URIAL, CREMATION, REA		2	31 NAME OF C	EMETERY OR CREMATORY	23d LOCATIO					
		Burial	July	7 3,1985	Hollyw	rood Cemetery	Harri		eounty	Del.		
3.4	24 FL	INERAL DIRECTOR		50 Com	MERCE	ST. 250, PA		ISTRAR 256 REGIS	TRAR'S SIGNAT	NURE DO		
,"	16	EWIS DIMC	KNATT	HARRING			L 0 0 19	guna	Davidson-	Managac		

DHMH - 16 60M 7/B4 (VRA 15, 4)

nould be detached for use as the burial-transit permit. Then please remove corban pape in the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal

Matte 90t. 1, 1917 67 7-18 Shaba Mar. Joys. - Tond work iel. | Lent Harrington ; x | 112 Delause Avs. 19952 Decrees B. Fincent, Sr. Courthann (n) Jones To blanch Ave. In 222-03-04-05 Carbaya L. Vilenati Carbaya, DK 1995 And of the state o AND AND THE COME CONTRACTOR OF STREET, AND ADDRESS OF STREET, AND AD

STATE	OF	MARYL	AND
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	8	S REG. NO.	2	1	2	2	-
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202142	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 SEG. NO	21227
. nt %		CEASED NAME FIRST	MIDDLE TO THE TOTAL TOTA	IAST WAGNER	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
X	1. SE	GLADYS * FEMALE	LEWIS A RACE CAU.	S. Date of Birth March 7, 1919	6 AGE IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
	H B	IRTHPLACE ISTATE OR FOREIGN COUNTRY Maryland	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		YRS. COUNTY OF DEATH
1	Is.	alisbury		G HOME OR OTHER INSTITUTION ADDRESS) neral Hospital	120 USUAL OCCUPATION TYPE OF WORK FOR MOSS OF CTAD-PIC	N 126 KIND OF BUSINESS OR
1 35	13a.	Maryland Dor	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY Chester Cambr	idge 13d. INSIDE CITY LIMITS?	STREET ADDRESS	74 C377A 2/6/3
1 1990	14. F.	WILBUR	LEWI'S	15 MOTHER'S MAIDEN NA CLARAFIRST	MIDDLE	TRAVERS
- Fager 1		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 212-12-			
ver that the death certifical great by the attending physical busine remarks or remose busine, or remose by, or other troumatic event,		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONDITIONS CONTRIBUTING TO D	NCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ITTION GIVEN IN PART To
To the same of the	THICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SCIAN TO Physicial Confession Con	ICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	19	-	
otherid otherid sed or	MEDIC	21d. INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM, ETC.)	CITY OR TOW	N COUNTY STATE
WITENDIN spiral or CTOR, At to use a of Health		saw the deceased alive or	at) ottended the deceased from 19	ond that in (my) (see) apinion	to	te and have and from the causes stated
TAL Off J. The To V. The T		77h SIGNA NEE	no		MEDICAL STAFF	220. DATE SIGNED 7/9/85
D HOSPITAL honed by th O FUNERAL boold be det with the Stote		22d. PHYSIC AND MANE ITYPE	OR ASSO	13w S, () IUISIAN S	it. Smis MD
BP		BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 23c. N	ame of cemetery or crematory rchester Mem. P	ok. Airey.	Cambridge Dor Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR Curr	an Funeral offem	e,308 High		Sh. REGISTRAR'S SIGNATURE

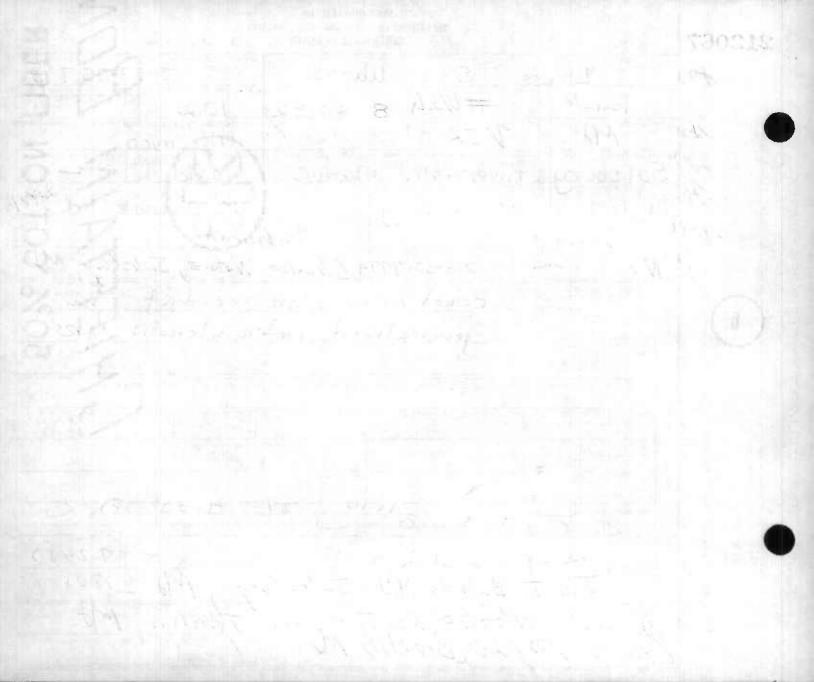
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STATE OF MARYLAND

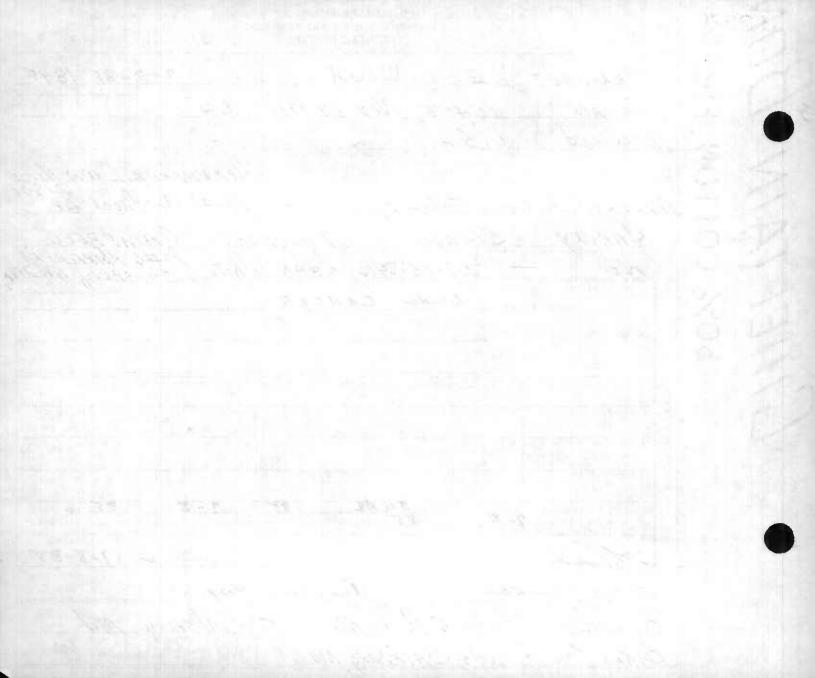
3	Seg. N	10. 2	-	2	2	9
TE O	F DEATH	MONTH	DAY	YEAR	7b HC	UR

1	FOR - STATE REGISTRAR	CERTI	HEALTH AND MENTAL HYG FICATE OF DEATH	8 5 REG. NO	21	2 2 8
1. DI	PECEASED NAME PIRST PEOR PRINT) EX LOUIS		Unters OF BIRTH DAY YEAR	6 AGE IN YEARS LAST BIRT	MONTH DAY 7-23- HDAY) IF UNDI	VEAR 26 HOUR 25 T 55
7a 8	Fom 2/6 BIRTHPLACE STAN OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRI WIDOW	20 82 ED NEVER MARRIED X VED DIVORCED	9 BALTIMORE CITY OF	YRS COUNTY OF DE	EATH
13	CITY OR TOWN OF DEATH Salisbury UAL RESIDENCE (IF NURSING HOME OR	11. NAME OF HOSPITAL, NURSING HOME POOT IN SUCH FACILITY, GIVE SIREET ADDRESS) OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TY 134. CITY OR TOWN	Manor	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 126.	KIND OF BUSINESS CODUSTRY
111	Paryland Wic	omico Salisbury	13d INSIDE CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN NAMED IN A CONTROL OF THE CON	13e STREET ADDRESS / 229 03 ME MIDDLE	ikda le	Rd. Rd.
160	WAS DECEASED EVER IN U.S. AR. (15,40 OR UNKNOWN) (IF YES GIV	MED FORCES? [166. SOCIAL SECURITY NO. 218-30-79]	17 INFORMANT PA Charles	Waters	Salist	MPROMMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT COUNTY OF THE COUNTY	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BU 196. CONDITION FOR WHICH OPERATION		200 AUTOPSY?	20b IF YES, WER	RE FINDINGS USED CAUSES OF DEATH?
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			RED (ENTER NATURE OF INJUR	YES	NO
WEI	WHILE NOT WHILE AT WORK AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) (al) ottended the deceosed from	ond tho in (my) our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	te ond hour ond t	that (1) (ve) lot trom the couses stated 2r. DATE SIGNED
	22d PHYSICIANIS NAME (TYPE O	T. Bulkoloy M.D.	220 ADDRESS /15 60	wy N	1 2	1801
230	BURIAN CREMATION, REMOVAL	7/57/2 23c NAME OF	Tem Can.	V23d LOCATION	in, of	STATE
17	Charles March	VICENTAGEN COUNTY		E REC'D. BY REGISTRAR!	256 REGISTRAR'S	SIGNATURE

DHMH - 16 60M 7/8 (VRA 15, 4)



1 - STATE OF MARTIAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DEFCEASED NAME FIRST MADDLE LAST LAST LAST LAST LAST LAST LAST LAST	
REG. NO.	21229
TIYPE OF PRIMET	NTH DAY YEAR 26 HOUR
THERE E. OULLS	-8-85 1845 N
FEMALE LIMITE NOW 27 1919 6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STANCOPFOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR C	
MICCITY OR JOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
Salisbury	ORKING LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 130 STATE 130 STATE 130 STREET ADDRESS / Z	1 7/90
14 FATHER NAME OF CONTROL SATISBURY YES NO. 17976 /W	orthwar De
LARVEY SLUPPIS MARRORET "	and DEED!
THE WAS DECEASED EVERING U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	#1 Shoral Pa
1 19 NO WAS CHE WAS CHE WAS CAR DATES 219-05-8406 NEAN White P	Talicana MIS
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	METHOD ONN'T AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LUNG CANCER	
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which (1b)	
gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
underlying cause last. (c)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITI	ION GIVEN IN PART 110
5 05 4 5 Z	
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS DEPENDED. 200 AUTOPSY2 20	THE YES WERE FINDINGS LISED
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 27	Db. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 201.	YES NO NO
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196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 216. IN O 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY 211. LOCATION 218. INJURY OCCURRED 210. INJURY OCCURRED	YES NO NO
190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 210. ACCIDENT WAS UNDERLYING 100 CAUSE OF DEATH 100 PM. 19 210. INJURY OCCURRED 216. TIME OF INJURY 100 PM. 19 210. INJURY OCCURRED 216. PLACE OF INJURY 100 PM. 19 210. INJURY OCCURRED 216. PLACE OF INJURY 100 STREET 100 PM. 19 210. INJURY OCCURRED 216. PLACE OF INJURY 100 PM. 19 211. LOCATION 100 STREET 100 PM. 10	CERTIFYING CAUSES OF DEATH? YES NO CITEM 18 PART 1 OR PART ?) COUNTY STATE
196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 216. ACCIDENT WAS UNDERLYING	COUNTY STATE
196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED 211. INJURY OCCURRED 212. I Certify thot (i) (this hospital) attended the deceased from STREET 220. I certify thot (i) (this hospital) ottended the deceased from Soove, (i) (we) (did) (did not) view the body ofter death.	COUNTY STATE COUNTY STATE that (I) (we) last and haur and Iram the causes stated
196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 197. PARTICLE NO INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED	COUNTY STATE OUNTY STATE 12c DATE SIGNED
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196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 197. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET 220. I certify that (I) (this hospital) attended the deceased from 34 No. (11) (autopsychological examiner) 220. I certify that (I) (this hospital) attended the deceased from 34 No. (11) (autopsychological examiner) 220. I certify that (I) (this hospital) attended the deceased from 34 No. (11) (autopsychological examiner) 220. I certify that (I) (this hospital) attended the deceased from 34 No. (11) (autopsychological examiner) 220. I certify that (I) (this hospital) attended the deceased from 34 No. (11) (autopsychological examiner) 220. I certify that (I) (this hospital) attended the deceased from 34 No. (11) (autopsychological examiner) 220. I certify that (I) (this hospital) attended the deceased from 34 No. (11) (autopsychological examiner) 220. I certify that (I) (this hospital) attended the deceased from 34 No. (11) (autopsychological examiner) 220. I certify that (I) (this hospital) attended the deceased from 34 No. (11) (autopsychological examiner) 220. I certify that (I) (this hospital) attended the deceased from 34 No. (11) (autopsychological examiner) 220. I certify that (I) (this hospital) attended the deceased from 34 No. (11) (autopsychological examiner) 221. LOCATION 221. LOCATION 222. LOCATION 222. LOCATION 223. LOCATION 223. LOCATION 224. PHYSICIAN 226. ADDRESS 226. ADDRESS	COUNTY STATE OUNTY STATE 12c DATE SIGNED
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PO DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 196. OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. I	COUNTY STATE COUNTY STATE 22c DATE SIGNED 27-8-85



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	21
O MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 20 in month. Page 4 may be eloined by the haspital or attending physician.	30
TO FUNERAL DIRECTOR. After this certificate has been signed by the otherding physician and completely fulled. should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 secured to the within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.	The first of the form of the footh the first of the footh fo

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

				STAT	TE OF MARYLAND			
1-	FOR STATE		D		HEALTH AND MENTAL HY	GIENE	21	2 3
	REGISTRAR				FICATE OF DEATH	REG. NO		Alian .
	00.00	FIRST	WIDOLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOL
	A	lfred	T.	WHI	TE	July 21,	, 1985	9:0
SE)	(4. R	ACE	11/00/17	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	RIYEAR IF UNDER
	Male		Black	Jul	y 12° 1932°	53	YRS	
	RTHPLACE (STATE OF FOR	EIGN 7b C	ITIZEN OF WHAT CO	UNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY OF		ATH
	Marvland		II. S.	WIDOW		Wicomico		
0. CI	TY OR TOWN OF DEATH			NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATIO		KIND OF BUSIN
S	Salisbury	1	Deer's Head	d Center		(TYPE OF WORK FOR MOST OF		Seafood
USU A	AL RESIDENCE HE NURSING							300=000
130 5		Wicon		isbury	13d. INSIDE CITY LIMITS?	Jersey H		21801
4 FA	Md .	WICON	it co par	Labury	15. MOTHER'S MAIDEN NA		toau	2100
	FIRST	MIDOI		LAST	FIRST	MIDDLE	7	Wigfal]
60.34	Ralph VAS DECEASED EVER IN	Augus	3 0000 1122	nite IAL SECURITY NO.	Carrie	ADDRE		ATRIATI
		IF YES, GIVE WAI		AL SECONIT NO.				
	NO				Earl Whit	e quant.	ico Md.	1808 51
	18 CAUSE OF DEATH (Enter only or	ie couse per line for to	i, (b) ond ic	2 1 1	,	Br	APPROXIMATE INTER
		MEDIATE CA		an w	part start	ul		40,Min
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			ING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN F	PART IIo	
CERTIFICATION	19a DATE OF OPERATIO	N	19b. CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	
RTIF				The 1479		YES NO	YES 🗌	NO [
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	Name of the last	21b. TIME OF INJURY HOUR A.M. MON	NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 2)
CAL	(IF EITHER NOTIFY MEDICAL		P.M.	19				
MEDICAL	21d INJURY OCCURRED		21e PLACE OF INJURY		211. LOCATION STREET	CITY OR TOV	wn col	UNIY
2	AT WORK NOT WHILE		Jane Sincer, racion	orrice, ranar elej	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, -		
	22a I certify that (I) (th	his hospuol)	ottended the decease		, 19	T. 10 7/2/	19.	T that (1)
	sow the deceased	olive on	w the body after deat	19 0000	and that in (my) (eur) pinion	death accurred on the da	ite and hour and fr	om the couses st
	22b. SIGNATURE	(dia not) vie	w the body after deaf	п.	DEGREE			DATE SIGNED
	100		16-	M	ATTENDING PHYSICIAN	MEDICAL STAF		7/21/A
	22d. PHYSICIAN'S NAM	E (TYPE OR COM	vii)		22e ADDRESS		IAN	, ,,,
	Tnia	J. Hws	ang, M.D.		Deants Hond	Conton. Col	d alassana	150 616
12. 0				122. NIAME OF	CEMETERY OR CREMATORY	Center; Sal	Isoury,	Md. 218
	SPECIFY)	MOVAL 23	Sh. DATE			CITY OF TOWN	COUNT	
24 5:	Burial		7/25/85	Macedo		Dames TE REC'D. BY REGISTRAR	Quarter	
:4 FL	NAME NAME			ADDRESS Churc	sh St.	TE REC D. BT REGISTRAR	V	-
W	illiam Jar	nes.	III Pr	rincess	Anne Md	111 3 0 1985	Steha Davide	son-Handa
W		mes,	III P	ADDRESS Churc	sh St.	11 3 0 1985	Girlia Davide	-

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

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DHMH - 16 60M 7/84 (VRA 15, 4)

1			STAT	E OF MARYLAND				
١,	FOR 1 - STATE		EPARTMENT OF HEALTH AND MENTAL HYGIENE					
1	STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 5	2	1 2	3
1 DE	CEASED NAME FIRST	MIDDLE		LAST	Q QEG. N 20 DATE OF DEATH		YEAR	7h. HOUR #
	E OR PRINT)						1 10.00	PA
	Lero		W:	right	July 26,			071
3. SE	×	4 RACE	S. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIT		UNDER I YEAR	HOURS MIN.
	male	black	Mar	ch 9, 1932	53	YRS.	DATS	MIN.
70. B	IRTHPLACE ASSAULT OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	-/ 5	9 BALTIMORE CITY		DEATH	
	COUNTRY MA	1150		D NEVER MARRIED DIVORCED	Wicomico			***
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	WIDOW ING HOME		120 USUAL OCCUPAT	ION	12h KIND C	M OF BUSINESS OF
		(IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)		THE OF WORK FOR MOST		INDUSTRY	500
-	alisbury	Deer's Head Cer		Salisbury, MD	Lapore		30	1101
	STATE A TOURS NO HOME OR		WN	1136 INSIDE CITY LIMITS?	STREET ADDRESS	ZIP CODE	SI	160
	IVIC SOME	MSET MANOK	11%	YES NO	Po. Bet 54.	MANAK	ik.	MU.
4. F.	ATHER'S NAME			15 MOTHER'S MAIDEN NA			1.	
	DOHN	MIDDLE MILITARY	2	FIRST	1/1 F MIDDLE	SA	11.71	H
60 1	WAS DECEASED EVER IN U.S. ARA	MED ECOCES LIAN SOM AL SEC	LIRITY NO	17 INFORMANT	ADDR	ESS.	114	1
		E WAR OR DATES)	OKITTINO.	As a second		_	A	4-1
	~	217-28-	2504	MADONE, W	right, Ho.	Bd5421	MANA	ITIN.
	CAUSE OF DEATH (Enter onl	y ane couse per line for (a) 1b, o	nd ic	1			BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSED	14436-61	ditle	untaled)	gaan.us	Cell Co		
	IMMEDIATI	E CAUSE (a)	1/1	The man	1-4-	h +10		
	0.000	DUE TO, OR AS A CONSEOR	JENCE OC	Thay me	nonus	0 /00		
	Conditions, if any, which gave rise to immediate	(b)		medias	tingun		-	
	cause (a), stating the	DUE TO, OR AS A CONSECU	JENCE OF					
	underlying couse lost	(c)						
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	o
S								
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	VERE FINDIN	NGS USED
분	100000000000000000000000000000000000000				- W	IN CERTIFYIN		
E	4			Tax *	YES NO	YES		№ □
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
Ä	(IF EITHER NOTIFY MEDICAL EXAMINER)		19					
WEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21L LOCATION	40. 41.4		COUNTY	67.00
¥	WHILE NOT WHILE	(AT HOME STREET FACTORY, OFFICE	FARM, ETC)	STREET	CITY OR TO	WIN	COUNTY	STATE
	ORK AT WORK	Land Land	-	2 2 0	7 7 5	6	05	
		ol) attended the deceased from	A (/	19 03	, 10	. 19	•	that (X (we) los
	sow the deceosed alive on abave, (K)we) (did) (did X)	view the body after death		nd that in My) (our) opinion	deoth accurred on the d	ate and hour or	nd from the	couses stated
	27b. SIGNATURE	111		DEGREE			22c DATE	SIGNED
	4	(29771. K	10	ATTENDING PHYSICIAN	MEDICAL STA		7_	26-81
	224 PHYSICIAN'S NAME (1	199mi)		22e ADDRESS] DWEGLOW [] THIS	-101.	1	E.O
	V Voca M.D.	Doomle Head C	lankar		110 0-11		03000	
	W. TOOH. M.D.	. Deer's Head C	enter	al F. U. BOX 20	JIO. SALISD	Irv. MD	21801	1

CREMATION, REMOVAL ers Somerset Md R125b. REGISTRAR'S SIGNATURE Schie Davidson-Handele

more A. A. Strott representation and the street of the Co. The street and the street of the street o ____ The second distriction and the second distriction of the seco and the control of th the state of the same and the same and the

- STATE REGISTRAR I. DECEASED NAME

Male

To. BIRTHPLACE (STATE OR FOREIG

Maryland

IB CITY OR TOWN OF DEATH

LTYPE OR PRINTS

1 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

WRIGHT

CERTIFICATE OF DEATH

	8	RE	NO.	6-	
DATE	OF	DEATH	MONTH	DAY	YEAR
			7-3	1-85	

		-			- 11
ATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	All A
	7-3	1-85		6:30	P,
SE (IN YEARS LAST BE	RIHDAY)	IF UN	DER I YEAR	IF UNDER 24	HRS

N	76 CITIZEN OF WHAT COUNTRY?	8			-
	White	12-	27-	1893	
	4 RACE	3. DATE OF BIRTH			

MIDDLE

9 BALTIMORE CITY OR COUNTY OF DEATH

6 AC

91

WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

WICOMICO COUNTY 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)

ALISBURY	PALISDUKI	NURSING	HOPH
SUAL RESIDENCE (IF NURSING HOME OF	other institution, give thester R		MISSION)

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c

IMMEDIATE CAUSE (a)

USA

13d INSIDE CITY LIMITS? NOF

13e STREET ADDRESS / ZIP COD RFD Reliance Rd. Seaford 15 MOTHER'S MAIDEN NAME

14 FATHER'S NAME FIRST Frank

Marvland

Wright, Sr.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Fannie

MIDDLE E Tawlor Seaford, Delaware 19973

20b. IF YES, WERE FINDINGS USED

Delaware

160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES!

PART I. DEATH WAS CAUSED BY

EIRST

VICTOR

166 SOCIAL SECURITY NO 17 INFORMANT 218-34-9781

Mrs. Myra Wright RFD Reliance Rd.

Canditions, if any, which gave rise to immediate cause (a), stating the

OXGANIC

DUE TO, OR AS A CONSEQUENCE OF CANICEN

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

underlying cause last

190 DATE OF OPERATION

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? NOF YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 17EM TB PART 1 OR PART 2)

200 AUTOPSY?

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED

NOT WHILE

P.M 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

211 LOCATION

CITY OR TOWN

COUNTY STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an abave, (1) (we) (did) (did nat) view the bady after death

DEGREE

and that in (my) (aur) apinion death accurred an the date and have and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) WILLIAM ROBINS, M.D.

CIVIC AVE, AND RT. 50, SALISBURY, MD.

230 BURIAL CREMATION REMOVAL Burial

MPORTALIT FUNER old be

CERTIFICATION

MEDICAL

24 FUNERAL DIRECTOR

226. SIGNATURE

23b DATE

8-3-85

23c NAME OF CEMETERY OR CREMATORY Bethel Cemetery

Federalsburg Caroline Md.

216.32 250 DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

3773. MAIN St. Fed Md

DHMH - 16 60M 7/B4

(VRA 15, 4)

